

Internship in Clinical Psychology

2015 - 2016

Training Brochure



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The VA Boston Clinical Psychology Internship consists of a cooperative arrangement among our three major training facilities: the **VA Boston Healthcare System** - Jamaica Plain Campus, Brockton Campus, and West Roxbury Campus. For the 2015 – 2016 training year, the internship again anticipates providing pre-doctoral internship training for **eighteen** (18) fully funded interns within the VA rotations. Note, however, that the VA Boston Internship no longer shares a consortial training arrangement with the Boston Medical Center (BMC) Child rotation, due to unexpected changes in their supervisory resources.

In addition to 12 major clinical rotations being offered for 2015 - 2016, VA Boston interns have access to a *Child and Adolescent Fear and Anxiety Treatment Program* clinical externship opportunity through Boston University's Center for Anxiety and Related Disorders (CARD). The VA Boston Internship is a member of the **Association of Psychology Postdoctoral and Internship Centers (APPIC)**. We are accredited by the **American Psychological Association (APA)**. Our next Site Visit is scheduled for Fall 2015. In 1998, the, then, Boston Consortium became one of the first training programs admitted to membership

*The VA Boston Clinical Psychology Internship (formerly known as the Boston Consortium in Clinical Psychology) is an American Psychological Association accredited **predoctoral internship training program**, which is closely associated with two American Psychological Association accredited VA Boston Healthcare System **postdoctoral fellowship training programs**, plus a predoctoral practicum program and a research postdoctoral fellowship program. This brochure describes the training opportunities available through the **VA Boston predoctoral internship program**.*

by the **Academy of Psychological Clinical Science (APCS)**. We particularly encourage applications from scientist-practitioner and clinical science programs, particularly from students of other Academy member programs. The twelve-month, full time, internship year starts on **September 1, 2015** and ends on **August 31, 2016**.

The primary objective of the VA Boston Clinical Psychology Internship is to provide a comprehensive predoctoral training program that ensures the development of adequate levels of proficiency across

the basic areas of clinical psychology including assessment, behavior change and psychotherapy, consultation, attention to issues of diversity, and scholarly inquiry. The expectation is that by the end of the training year, an intern will be able to function competently and independently (*i.e.*, entry level practice or better) in the core competencies, listed below. The enhancement of general skills is emphasized in the VA Boston internship. However, in the context of these broad and general training experiences, the development of greater expertise and specialist skills also is permitted and encouraged.

Psychology internship training within the VA Boston recognizes and values the unique skills and characteristics of doctoral level psychologists, and aims to foster the development of advanced skills in assessment, diagnosis, intervention, consultation, attention to issues of diversity, supervision, and scholarly inquiry in our interns.

The clinical internship values and seeks to expand diversity within our training program, including the training faculty, and encourages interns in the development of integrated

*The VA Boston Internship in Clinical Psychology is committed to the **scientist-practitioner / evidence-based** model in the delivery of clinical care, clinical research, and professional teaching. We strive to provide interns with a significant breadth and depth of experience working with a variety of clinical populations and to simultaneously apply an approach of utilizing innovative scientific information in conceptualizing, assessing, and treating these clinical problems. This goal is greatly facilitated by the opportunities for collaboration with VA Boston faculty and clinical researchers. These research resources and other opportunities for scholarly inquiry through program evaluation activities provide VA Boston psychology interns a range of professional models and encourage integration of science and practice.*

clinical and cultural competencies.

We believe that teaching interns in clinical service, scholarly thinking, and clinical research design is best received and maintained within a “**junior colleague**” model of training. Our commitment to interns’ professional growth and development is conveyed in a supportive training atmosphere emphasizing mutual respect, recognition of interns’ individual strengths and the encouragement of continued skill development throughout the internship year.

To achieve these objectives, the internship assists interns in the following ways:

- We provide intensive and systematic training in the application of psychological principles to human problems and expose the intern to a variety of patients, techniques, and approaches. This provides an opportunity for interns to develop and refine conceptual skills, skills in therapeutic intervention, systematic observation of behavior, and psychological assessment;
- We provide opportunities for interns to observe and collaborate with clinical scientists, in their continuing efforts to integrate scholarly research findings with clinical practice.

The training objectives of the VA Boston Psychology Internship are to provide the necessary clinical experience and didactic education that ensures the development of professional skills and competencies in the basic areas of psychology including assessment, treatment, consultation, clinical research, sensitivity to diversity issues, and professional ethics. A particular emphasis of the internship training model is to give interns direct contact with a wide range of populations and a variety of psychological disorders. To this end, the intern will find the opportunity to apply basic psychological principles and techniques in many very active patient care settings that represent specific areas of psychology.

- We place emphasis on the intern's assuming increasing responsibility for setting individualized training goals and in assuming responsibility for professional functions and patient care on their assigned units. We see as one of our major responsibilities to foster the integration of the intern's didactic learning and prior graduate training with the practical knowledge and skills of the developing professional psychologist.

PROFESSIONAL CONDUCT, ETHICS, AND LEGAL MATTERS

This competence area includes many behaviors inherent in the role of psychologist. As an example, interns will demonstrate an ability to engage effectively in the various processes involved in an internship (e.g., participation in case conferences and didactic core curriculum seminars; evaluation of rotations and supervisors; maintenance of all required records and documentation; participation in supervision; effective management of time, etc.) as well as observance of the *APA Ethical Principles of Psychologists* and *Code of Conduct*.

CONSULTATION AND SUPERVISION

The training program assumes that interns will have had little, if any, prior experience in the role of a professional consultant or supervisor. Therefore, the training objectives here are directed toward grounding interns in the basic principles and “how to do” aspects of consultation and supervision. The training objectives are achieved through didactic seminars in consultation theory, experience in settings wherein consultation activities are required, provision of didactic information on effective supervision, and, on selected rotations, direct experience supervising practicum students while receiving “supervision on this supervision.” The specific involvement of each intern in consultation and supervision activities varies somewhat according to his/her rotation.

The following descriptions of the Core Competencies provide an overall outline as to the knowledge and skills that all interns within the program are expected to demonstrate. Each of these broad competencies or goals is further defined through specific objectives and skills, which ultimately serve as the basis for intern evaluation.

THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a

working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Key features include an understanding of the applications and limits of psychological interventions within interdisciplinary treatment contexts, and the ability to evaluate treatment options in terms of supporting empirical evidence.

THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

Interns must meet the program’s training objectives in psychological assessment through activities that are relevant to their specific training rotations. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.

INDIVIDUAL AND CULTURAL DIVERSITY

Each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, gender issues, sexual orientation issues, age, disabilities, and the unique experiences of veterans, etc. The training objective is achieved through both didactic seminars in diversity issues and experience in settings wherein contact with patients from diverse backgrounds and abilities is required.

SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

While the primary focus of the internship training program is the development of the intern's skills as a clinician and professional, the internship provides an array of clinical research and other scholarly inquiry opportunities across the training sites. Throughout the internship, all interns are assured a minimum of two hours of protected time within their regular schedules for activities related to the scholarly inquiry / research competency. These two hours are seen as a base, but interns can avail themselves of research

opportunities beyond these dedicated hours. Interns are exposed to various aspects of research and grant application procedures including coordination of data collection, analysis, and manuscript writing. Intern activities may include, but are not limited to, participation in research lab meetings and other team collaborations, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, developing posters or presentations, and manuscript preparation.

During their graduate training in psychology (prior to internship), predoctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA Ethical Principles pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. Thus, the internship's scholarly inquiry / clinical research competency, constitutes an opportunity to demonstrate and broaden these skills in the context of the clinical and research programs associated with the internship.

VA BOSTON HEALTHCARE
SYSTEM:
JAMAICA PLAIN CAMPUS:

- ✓ Behavioral Medicine
- ✓ Center for Returning Veterans
- ✓ General Mental Health
- ✓ Neuropsychology
- ✓ Posttraumatic Stress Disorder Clinical Team
- ✓ Substance Abuse Treatment Program
- ✓ Women's Stress Disorders Treatment Team

The twelve-month, full-time, 2080-hour training year is divided into two rotations (one eight-month and one four-month) that are located within and among the three training sites. Each intern applicant is encouraged to apply to the rotations or areas of emerging specialization that best represent their training priorities, career focus, or interests. VA Boston interns train in the specific 8-month rotation to which they have matched; however, they also train in a 4-month rotation and have a variety of other training experiences. As an APPIC member program, the internship participates in the computer matching system.

VA BOSTON HEALTHCARE
SYSTEM:
BROCKTON CAMPUS AND
WEST ROXBURY CAMPUS:

- ✓ Dual Diagnosis: Post Traumatic Stress Disorder / Substance Use Disorder
- ✓ Geropsychology
- ✓ Inpatient Psychology and Therapeutic Recovery Program
- ✓ Rehabilitation Psychology (mostly located on the West Roxbury Campus)
- ✓ Substance Abuse Spectrum of Treatment

BOSTON UNIVERSITY / CENTER FOR ANXIETY & RELATED DISORDERS (CARD)

- ✓ Child and Adolescent Fear and Anxiety Treatment Program – ***Clinical Externship***

SUPERVISION

The clinical staff and consultants of the internship offer supervision primarily in adult psychotherapy directed toward both inpatients and outpatients. If on externship, interns will obtain supervision in child and adolescent psychotherapy with outpatients. The range of areas in supervision is extensive and includes cognitive-behavior therapy, behavior therapy, mindfulness-based and other cognitive therapies, psychodynamic psychotherapy, marital and family psychotherapy, group psychotherapy, and child and adolescent psychotherapy (on externship), among others. Experiences in behavioral and psychodiagnostic assessment are offered within the context of different rotations and through didactics. Our neuropsychology staff offers supervision in neuropsychological screening and assessment, as well as consultation on therapeutic interventions with the neurologically impaired patient. ***All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision by a licensed psychologist. The additional two or more hours per week may involve individual or small group (i.e., 2 or 3 trainees) supervision.***

The intern's primary and other case supervisors are assigned as determined by a given rotation training site and may include additional case supervisors, a testing supervisor, a group psychotherapy supervisor, or others. VA Boston interns may pursue training with specific client populations or in particular treatment methods / evidence-based treatments through ***adjunctive training experiences (ATE)***. Interns are encouraged to broaden their primary rotation

experiences through these complementary training opportunities. Thus, this adjunctive supervised clinical experience may take place outside of the intern's rotations (*i.e.*, outside of the 8-month or 4-month rotation).

OTHER MENTORS

Each intern also has the assistance of an ***Internship Advisor***, a non-evaluative faculty mentor and resource, who may be selected by the intern based upon specific career interests or other factors (*e.g.*, related to experiences in balancing career and family; past academic or other career experiences). The advisor assists in the overall coordination of the intern's training experience throughout the internship across both major training rotations.

Scholarly inquiry / research mentors are selected by the intern and provide oversight for the intern's scholarly inquiry competency activities, throughout the internship year. (See the Clinical Research section.)

INSTRUCTION

The internship offers many opportunities for didactic educational activities. A Core Curriculum of seminars and presentations are provided for all interns who meet together one afternoon per week, irrespective of site or training rotation. A wide range of content areas are included in the Core Curriculum, such as Topics in Assessment, Topics in Psychotherapy, Research, and Professional Issues. In addition, each site and most rotations define specific educational

activities directly related to the given site and rotation. Interns are expected to attend the Core Curriculum series of seminars, as well as their rotation-specific didactic and orientation activities. Attendance at seminars of other rotations and other general training events is also encouraged, depending upon the intern's training goals and schedule.

PRE-DOCTORAL INTERNS

The internship **only accepts** students currently matriculated in an American Psychological Association (APA) accredited doctoral program in Clinical Psychology or Counseling Psychology. The internship does not differentiate between clinical and counseling psychology students either in the application / selection process or in their applied training. Students will find doctoral-level psychologists from both applied areas on the training faculty.

In addition to APA accredited graduate program enrollment, all candidates for admission will also meet the following requirements:

- ✓ Four hundred (400) Intervention Hours obtained from formal, supervised practicum training. (Reported on APPIC Application "Summary of Practicum Hours" - Intervention Hours);
- ✓ Adequate preparation for Internship as indicated by a statement from the applicant's Program Director APPIC Application;
- ✓ United States citizenship.
- ✓ (Male Candidates: Selective Service Registration by age 26.)

RESPECIALIZATION CANDIDATES

The internship welcomes applications from doctoral psychologists who are respecializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology. Applicants for admission must meet APA requirements that state, in part, that these psychologists must be certified by a director of an APA accredited "graduate professional psychology graduate program as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience) has been acquired." The internship does not differentiate between these students and other applicants in selection, stipend, or training.

MINORITY CANDIDATES

Applications are particularly welcomed from minority candidates. Boston and Brockton are vibrant, multiracial, and multicultural cities. Taken as a whole, the patient population and professional staff of the five training sites reflect this diversity. As part of the internship program's Core Curriculum, we invite supervisors and other professionals from the community and other training partners with recognized expertise in cultural and individual differences to address the internship class. This combination of diversity of population, plus the contributions of supervisory psychologists, other professional staff, and consultants provides interns the knowledge, skills, and sensitivities to continue developing the skills needed to practice psychology in a culturally competent manner with diverse clients and colleagues.

PROCEDURE

1. All applications to our internship program will take place through the **APPIC Application for Psychology Internship (APPIC)** Match process. Thus, all materials will be uploaded through the AAPI online portals, described in APPIC and National Matching Services materials.
2. Please visit the APPIC website at www.appic.org and click on the AAPI Online link. Completed internship applications and supporting materials are due in November each year; this year the due date will be close of business (COB) on **Monday, November 3, 2014**. **All application materials must be submitted through the AAPI Online portals and available for review by us on or before this date.** We encourage applicants to submit materials, before that date, but all complete applications submitted by the COB of November 3rd will be reviewed. Incomplete applications will not be reviewed by our Selection Committee.

Our application and selection process have been developed to comply with the policies and procedures developed by APPIC including the policies governing the Match. It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. Thus, our internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All required application materials (items 1-4 below) should be submitted using the AAPI Online system and procedures. Follow all instructions accompanying the AAPI Online to enter your information directly, or upload your documents (items 1-2.)

REQUIRED MATERIALS FOR APPLICATION:

1. Completed **AAPI Online** application and **Curriculum Vitae**. (NOTE: In your cover letter, please indicate **no more than two (2)** rotations to which you wish to apply.)
2. **Transcripts** of graduate work. [As described in AAPI Online materials, you should mail one official copy of all graduate transcripts to the AAPI Online application address.]
3. **Verification of AAPI** by your doctoral program (DCT) through the DCT Portal of the AAPI Online system.
4. **Three (3) letters of recommendation** from faculty members or practicum supervisors, who should be well acquainted with your clinical and research work. Candidates should feel free to submit an additional fourth letter. This is optional and not required by the internship. Recommendation letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

APPLICATION DEADLINE

November 3, 2014.

INTERVIEWS

Interviews are by invitation only.

We believe that the personal interview is critical in arriving at mutual decisions about selection. Candidates selected for interview will be contacted by email on or before Wednesday, **November 26, 2014.**

We are interviewing on the following six dates:

- ✓ **Friday December 12, 2014**
- ✓ **Tuesday December 16, 2014**
- ✓ **Friday December 19, 2014**
- ✓ **Wednesday January 7, 2015**
- ✓ **Friday January 16, 2015, and**
- ✓ **Wednesday January 21, 2015**

Upon notification of selection for interview, candidates will be provided with a link uniquely tied to your primary email address. This link will allow access to our online scheduling survey, hosted by SurveyMonkey®. Candidates will be asked to indicate their availability and preference for interview dates. The link will be active upon receipt of the invitation email. To the extent possible and within the constraints of staff schedules and available interview dates, the candidate's schedule requests will be accommodated. Prior to the candidate's interview day, a web-based survey allows the candidate to request interviews with other rotations (*i.e.*, in addition to inviting rotations, or potential 8-month rotation(s)).

Interviews last the full business day (**7:30am – 4:00pm**). During the interview day a photograph will be taken. Our faculty interviewers meet with

a very large number of candidates and may have informal discussions outside of formal interviews on interview dates; thus, these photographs are helpful during the recruitment season. After the Match, these photographs are used to create an intern class photograph for faculty across sites, prior to the arrival of selected interns.

STIPEND AND BENEFITS

The stipend for internship positions is **\$26,208** for the training year. The stipend requires 2080* hours of training over 52 contiguous weeks during the internship. One frequently asked question concerns health insurance. VA-paid interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. (As a result of a Supreme Court's decision, legally married same-sex spouses are now eligible family members under a Self and Family enrollment. **Coverage is available to a legally married same-sex spouse of a Federal employee or annuitant, regardless of his or her state of residency.** This decision does not extend coverage to registered domestic partners or individuals in civil unions.) Interns also receive emergency medical treatment for work-related illness or injury at the training sites, as well as other health-related benefits (*e.g.*, flu shots.)

It is anticipated that interns will receive academic appointments in psychiatry at **Boston University School of Medicine** and at **Harvard Medical School** during the internship training year. Interns earn 104 hours of paid discretionary time (vacation, etc.,) 104 hours of paid sick leave,

receive ten paid federal holidays, and are given up to 40 hours of paid educational leave to attend conferences, major professional meetings and symposia.

(* *including* holiday and leave hours.)

STATEMENT OF NONDISCRIMINATION

The VA Boston Internship in Clinical Psychology Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities. Note that VA Boston Healthcare System have nondiscrimination policies.

ELIGIBILITY

Candidates must be a U.S. citizen; be a doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology; and meet the additional eligibility requirements outlined at this web address:

<http://www.psychologytraining.va.gov/eligibility.asp>

CONTACTING US:

The offices of Dr. Weisberg (Internship Director) and Dr. Lancey (Director of Admissions) are located at the VA Boston Healthcare System - Jamaica Plain Campus. Office hours are from 8:00am to 4:30pm Eastern Standard Time, Monday through Friday. You may contact us by using the following:

Voice: (857) 364 – 6782 (Program Assistant)

(857) 364 – 4335 (Dr. Weisberg)

(857) 364 – 5038 (Dr. Lancey)

Fax: (857) 364 – 4408

E-mail: Stephen.Lancey@va.gov

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<http://www.boston.va.gov/psychologytraining.asp>

APA ACCREDITATION

Questions regarding the accreditation status of the VA Boston Internship in Clinical Psychology may be addressed to the Commission on Accreditation (CoA):

Office of Program Consultation and Accreditation
Education Directorate

American Psychological Association

750 First Street NE

Washington, D.C. 20002-4242

202-336-5979

www.apa.org/ed/accreditation

IMPORTANT ADMISSION DATES

~ November 2014 – January 2015 ~

Mon	Tues	Wed	Thurs	Fri
November 3	4	5	6	7
Applications Due				
10	11	12	13	14
	Veterans Day Observed			
17	18	19	20	21
24	25	26	27	28
		Interview Invitations Announced	Thanksgiving Day	
December 1	2	3	4	5
8	9	10	11	12
				Interview Day
15	16	17	18	19
	Interview Day			Interview Day

~ January 2015 ~

Mon	Tues	Wed	Thurs	Fri
			January 1	2
			New Year's Day	
5	6	7	8	9
		Interview Day		
12	13	14	15	16
				Interview Day
19	20	21	22	23
Martin Luther King's Birthday Observed		Interview Day		



Overview

The primary objective of the Behavioral Medicine Program is

to provide interns with broad exposure to different medical populations and to a variety of evidence-based behavioral medicine interventions. Interns will develop an appreciation for the complex interrelationship between behavior and health and gain a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life.

Interns with a primary focus in Behavioral Medicine (those who complete an eight-month rotation) will have the opportunity to obtain significant breadth and depth of training by taking part in many or most of the clinical activities with this program. The comprehensive training can also include opportunities to provide supervision to practicum students and participate in program development and research activities.

Interns completing this rotation will achieve mastery in their ability to promote healthy behaviors, assist patients in adjusting to their medical condition(s) and treatment(s), and teach effective coping skills. The eight-month Behavioral Medicine rotation provides excellent preparation for those interns seeking a career in behavioral medicine. Interns with a secondary focus in Behavioral Medicine (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues.

Health concerns are salient in all patient populations. Consequently, understanding the critical link between health-related behaviors and psychosocial issues will enable interns to conceptualize cases, implement interventions,

and design research protocols using a multifaceted approach that incorporates these principles.

Training Objectives

The activities of the Behavioral Medicine interns are much the same as that of a

staff psychologist. The training objectives include developing competency in:

- ◆ Conducting psychological assessments reports for different medical populations including evaluations for pre-surgical and pre-treatment candidates, chronic pain, sexual dysfunction, and intake and triage.
- ◆ Developing strong case conceptualization skills for a broad range of patients, including those with complex presentations, to inform treatment planning.
- ◆ Conducting individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans.
- ◆ Providing consultation and liaison to multidisciplinary treatment teams throughout the healthcare system and developing expertise and confidence in presenting cases at team meetings and collaborating with other disciplines.
- ◆ Demonstrating professional development and growth, including understanding and appreciating ethical, legal, and cultural issues

related to both clinical and scientific activities, particularly as they relate to patients with chronic medical conditions (i.e., ethical issues related to compliance, appreciating the unique needs of patients with medical illness).

- ◆ Conducting various aspects of behavioral medicine research through involvement in an array of clinical research programs. Interns who are interested in more intensive training can become involved in ongoing research projects or initiate their own.

Clinical Experience

The Behavioral Medicine Program provides a broad range of services to

medical populations throughout the VA Boston Healthcare System. In addition to participating in the specific groups and programs delineated below, interns also work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Behavioral Medicine is short-term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do longer-term treatment. Following is an overview of clinical programs:

- ◆ **End Stage Renal Disease Program:** This program offers opportunities for interns to evaluate and provide follow-up treatment for patients on hemodialysis. The interns work closely with a multidisciplinary renal team to

provide comprehensive services. On the dialysis unit, the interns become familiar with the range of problems this population confronts. The interns' primary role is to facilitate the patients' adjustment to dialysis and to consult with the multidisciplinary treatment team. Issues in this population include compliance to medical recommendations, needle phobias, anxiety reactions, death and dying, coping with chronic illness, quality of life, family issues, and affective disorders.

Supervisor: DeAnna Mori, Ph.D.

- ◆ **Transplant Program:** The intern will have the opportunity to evaluate patients who are being considered for organ transplantation. The purpose of these evaluations is to determine the candidates' psychological readiness for transplantation, and the evaluation consists of a chart review, psychometric testing, and a structured interview. The types of transplantation that patients may be considered for include: kidney, liver, heart, lung, and bone marrow. Living donors are also evaluated in this program.

Supervisor: DeAnna Mori, Ph.D.

- ◆ **Smoking Cessation Program:** Interns have the opportunity to co-lead smoking cessation groups with other psychology staff and with pharmacy staff. The group approach offers support, motivational interviewing, and cognitive-behavioral strategies. Interns will also be responsible for managing consults for the clinic.

Supervisor: Sari Chait, Ph.D.

- ◆ **Psychology Pain Management Clinic:** This program provides Veterans who experience

chronic pain with group and individual cognitive behavioral therapy for pain. Interns will be actively involved in conducting comprehensive pain assessments in an interdisciplinary pain clinic setting and providing short-term, individually-based cognitive-behavioral treatments for chronic pain management.

Supervisors: John Otis, Ph.D. and Diana Higgins, Ph.D.

- ◆ **Cognitive-Behavioral Pain Management Group:** Using a standardized, manual-based format, interns conduct a ten-week skills focused group for patients with chronic pain that has not been alleviated by medical or surgical means. Interns learn the skills of group facilitation in a cognitive-behavioral context, a greater appreciation of the psychological aspects of chronic pain, and proficiency in the provision of several pain management techniques.
Supervisor: Stephen R. Lancey, Ph.D.
- ◆ **MOVE! Weight Management Program:** The MOVE! Weight Management Program offers 12-week groups co-led by the Behavioral Medicine and Nutrition Programs. Group members receive education on healthy eating and lifestyle change and learn strategies that support weight loss and healthy living more generally. Groups are open to both male and female overweight and obese veterans. Interns in this program will gain experience working in a multidisciplinary setting and conducting cognitive-behavioral interventions to facilitate weight loss and health promotion.
Supervisors: Sari Chait, Ph.D. and Sarah Bankoff, Ph.D.

- ◆ **Andrology Clinic:** The Andrology Clinic is an outpatient sexual dysfunction assessment and treatment program. The clinic provides comprehensive differential diagnostic workups and problem-focused sex therapy for veterans and their significant others. Interns have the opportunity to learn and develop expertise in the following areas: differential diagnostic interviewing, assessment and treatment of sexual dysfunction, and understanding the role of psychological factors in sexual dysfunctions of various bio-medical etiologies.
Supervisor: Amy K. Silberbogen, Ph.D.
- ◆ **Cardiac Rehabilitation Program:** The Cardiac Rehabilitation Program provides services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from MI, angina, coronary artery bypass graft, or congestive heart failure. The goal of this interdisciplinary program is to improve the patients' daily functioning through exercise, educational and behavioral interventions. Interns participate in two different cardiac rehabilitation groups. One is a structured, five week psychoeducational group that is conducted as part of an intensive interdisciplinary outpatient rehabilitation program. The other group that interns participate in is an ongoing support group where extensive patient education is offered through a multidisciplinary lecture series. This is a truly unique group in that it has been offered continuously for over 25 years. Through both group programs, interns apply cognitive behavioral intervention techniques to implement change and enhance lifestyle habits that include promoting physical

activity, following a healthy diet, effectively managing stress, and reducing unhealthy behaviors.

Supervisor: Stephen R. Lancey, Ph.D.

- ◆ **Behavioral Sleep Medicine Program:** This program provides services for individuals who are suffering from insomnia and other sleep difficulties. Various treatment options are available, including a monthly educational group program that provides information about the causes of insomnia, good sleep habits, and how behavior, cognitions and emotions affect sleep. More intensive treatment is offered to patients who can benefit from more individualized care.

Interns will learn how to conduct a focused sleep interview, run a sleep education group, and provide cognitive behavioral therapy for insomnia through their work in this program.

Supervisors: DeAnna Mori, Ph.D. and Sarah Bankoff, Ph.D.

- ◆ **Healthy Lifestyle Groups:** The Behavioral Medicine Program conducts three different groups that are designed to promote healthy lifestyles. These groups focus on adaptive coping and are particularly important for individuals with major medical issues. The following groups are conducted regularly:

- **Stress Management Group:** A twelve-week group for individuals interested in stress management skills. Patients learn cognitive-behavioral stress management and relaxation techniques.
- **Healthy Thinking Group:** A ten-week group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address

their negative thoughts and learn ways to cope more effectively with their medical illness.

- **Medical Issues Group:** An ongoing group for individuals who are coping with the stress of having major medical issues. This is an educational/ support group that focuses on helping people find adaptive ways to cope with their medical condition and treatments. A sampling of topics includes, "Learning to Communicate Effectively with Your Health Care Professional," "Coping with Difficult Medical Treatments," and "Dealing with Loss."

Supervisors: Behavioral Medicine Staff

Instruction

In order to enhance the experience of Behavioral Medicine

interns and to provide all other interns with exposure to this growing specialty area of psychology, a Behavioral Medicine Seminar Series is offered. This is a seminar series in which speakers address a range of relevant Behavioral Medicine issues. Topic areas that have been presented on in the past include: weight related disorders, pain disorders, sexual disorders, death and dying, CBT for insomnia, telehealth interventions, cardiac rehabilitation, AIDS, smoking cessation, etc. The entire intern class attends the seminar.

Supervision

A staff psychologist serves as the primary advisor and training supervisor, with other supervisors being drawn from among staff psychologists and consultants to the program. As a result, interns are offered the opportunity to work closely with professionals in their particular areas of expertise. Interns receive both individual and group supervision where clinical, career development and research issues are addressed. In addition, the entire Behavioral Medicine team meets weekly to discuss clinical cases, research, and current issues in behavioral medicine.

Research

Several of the programs in Behavioral Medicine are part of a clinical research protocol, and all interns will have exposure to working in programs that follow a scientist/ practitioner model. Currently and recently funded projects include: Tai Chi Mind-Body Exercise for Posttraumatic Stress Disorder in Military Populations, Evaluating a Telehealth Intervention for Veterans with Hepatitis C and PTSD, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, Improving Diabetic Treatment Adherence: A Telehealth Intervention, Moderators of Health Literacy in Diabetes Management, Improving Quality of Life for Veterans Undergoing Interferon Treatment, and Treatment of Posttraumatic Headache. In addition, there are several other ongoing research projects in various stages of development. Interns who are interested have the opportunity to work collaboratively with staff from these projects. There is also a biweekly

research meeting in which various topics are covered, and trainees and staff present on ongoing research projects.

Recent publications from this rotation include:

- Alschuler, K., & **Otis, J.D.** (2011). Coping Strategies and Beliefs about Pain in Veterans with Comorbid Chronic Pain and Significant Levels of Posttraumatic Stress Disorder Symptoms. *European Journal of Pain*. doi:10.1016/j.ejpain.2011.06.010.
- Collins A.E., Niles, B. L., **Mori, D.L., & Silberbogen, A.K.** (in press). A Telephone-Based Intervention to Promote Diabetes Management in Veterans with Post Traumatic Stress Syndrome. *Professional Psychology: Research and Practice*.
- Mori, D.L., Silberbogen, A.K.,** Collins, A.E., Ulloa, E.W., Brown, K.L, & Niles, B. L. (2011). Promoting Physical Activity in Individuals with Diabetes: Telehealth Approaches. *Diabetes Spectrum*, 24, 127-135.
- Niles, B. L., Klunk-Gillis, J., Rynkala, D. J., **Silberbogen, A. K.,** Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 538-547.
- Niles, B. L., Vujanovic, A. A., **Silberbogen, A. K.,** Seligowski, A. V., & Potter, C. M. (2012). Changes in mindfulness following a mindfulness telehealth intervention. *Mindfulness*. 4, 1-10. doi:10.1007/s12671-012-0130-5.
- Otis, J. D.,** McGlinchey, R., Vasterling, J., & Kerns, R.D. (2011). Complicating Factors Associated with Mild Traumatic Brain Injury: Impact on Pain and Posttraumatic Stress Disorder Treatment, *Journal of Clinical Psychology in Medical Settings*. 18 (2), 145-15

- Otis, J. D.,** Sanderson, K., Hardway, C., Pincus, M., Tun, C., & Soumekh, S. (2012) A randomized controlled pilot study of a cognitive-behavioral therapy approach for painful diabetic peripheral neuropathy. *The Journal of Pain*, 14(5):475-82. doi: 10.1016/j.jpain.2012.12.013.
- Seligowski, A. V., Pless Kaiser, A., Niles, B. L., **Mori, D. L.,** King, L. A., & King, D. W. (2012). Sleep quality as a potential mediator between psychological distress and diabetes quality of life in veterans with type 2 diabetes. *Journal of Clinical Psychology*. Advance online publication. doi: 10.1002/jclp.21866.
- Silberbogen, A. K.,** Ulloa, E., Janke, E. A., & **Mori, D. L.** (2009). Psychosocial Issues and Mental Health Treatment Recommendations for Patients with Hepatitis C. *Psychosomatics*, 50, 114-122.
- Silberbogen, A. K.,** Ulloa, E., **Mori, D. L.,** & Brown, K. (2012). A telehealth intervention for veterans on antiviral treatment for the hepatitis C virus. *Psychological Services*, 9(2), 163-173.
- Silberbogen, A. K.,** Busby, A., & Ulloa, E. (in press, 2014). Impact of Psychological Distress on Prostate Cancer Screening in U.S. Military Veterans. *American Journal of Men's Health*.
- Johnson, E., Niles, B.L., & **Mori, D.L.** (in press). Targeted Recruitment of Adults with Type 2 Diabetes for a Physical Activity Intervention. *Diabetes Spectrum*.
- Niles, B.L., **Mori, D.L.,** Seligowski, A.V., & Schnurr, P.P. (2014). Health consequences of military service and combat. In S. J. Cozza, M. N. Goldenberg & R. J. Ursano Eds.), *Care of military service members, veterans, and their families*. American Psychiatric Publishing: Arlington, VA.
- Danilack, V.A., Weston, N.A., Richardson, C.R., **Mori, D. L.,** & Moy, M. L. (2013). Reasons persons with COPD do not walk and relationship with daily step count. *Journal of Chronic Obstructive Pulmonary Disease*. Advance online publication. doi: 10.3109/15412555.2013.841670
- Bankoff, S. M.,** & Sandberg, E. H. (2012). Older adults' memory for verbally presented medical information. *Educational Gerontology*, 38(8), 539-551.
- Pantalone, D. W., Hessler, D. M., **Bankoff, S. M.,** & Shah, B. J. (2012). Psychosocial correlates of HIV-monoinfection and HIV/HCV-coinfection among men who have sex with men. *Journal of Behavioral Medicine*, 35(5), 520-528.
- Bankoff, S. M.,** McCullough, M. B., & Pantalone, D. W. (2013). Patient-provider relationship predicts mental and physical health indicators for HIV-positive men who have sex with men. *Journal of Health Psychology*, 18(6), 762-772.
- Bankoff, S. M.,** Valentine, S. E., Jackson, M. A., Schacht, R. L., & Pantalone, D. W. (2013). Compensatory weight control behavior of women in emerging adulthood: Associations between childhood abuse experiences and adult relationship avoidance. *Journal of American College Health*, 61(8), 468-475.
- Jim H., Phillips K., **Chait S.,** Faul L.A., Popa-McKiver M., Lee Y.H., Hussin M., Jacobsen P., Small B. (2012). A meta-analysis of cognitive functioning in adult cancer survivors previously treated with standard-dose chemotherapy. *Journal of Clinical Oncology*, 30, 1-12.
- Thompson, J.K., Roerhig, M., Ata, R., & **Chait, S.** (2012). Tanning: Natural and Artificial. In T.F. Cash (Ed.) *Encyclopedia of Body Image and Human Appearance*. San Diego: Elsevier
- Higgins, D.M.,** Kerns, R.D., Brandt, C.A., Haskell, S.G., Bathulapalli, H., Gilliam, W., Goulet, J.L. (2014). Persistent pain and comorbidity among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans, *Pain Medicine*, 15(5):782-90.

Overview

Veterans of
Operation Enduring
Freedom, Operation

Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) are a rapidly growing segment of the VA population. The number undoubtedly will continue to grow as veterans of the ongoing war in Afghanistan continue to return from deployment (often multiple deployments), and veterans from this era continue to present for care for the first time. The mental health needs of a large, recently returned veteran population are significantly different from that of other era veterans. Critical components include developmental considerations related to treating younger veterans, the complexity of providing treatment in the context of ongoing war, and the challenges of providing treatment to veterans who may experience redeployment or have ongoing military commitments.

The core of the intern's clinical training will involve the provision of mental health services within the Center for Returning Veterans (CRV) at the Jamaica Plain campus. The CRV is a mental health clinic established at VA Boston in 2005 to respond to the unique mental health needs of returning OEF/OIF combat veterans. This mission is accomplished through outreach to returning veterans; assessment and referral to specialty mental health services; and, the provision of individual, group, and psychopharmacological services. The intern's training will therefore focus on developing expertise in responding to a full range of returning veterans' post-deployment concerns.

To ensure sufficient breadth and depth of training experiences, the intern will also participate in adjunctive clinical work in the PTSD clinic on the Jamaica Plain campus. This adjunctive work

within the PTSD clinic will ensure that interns have exposure to and competence in addressing the long-term sequelae of trauma.

Clinical Experience

The CRV intern will
receive extensive
training in the
assessment and

treatment of returning veterans experiencing a broad range of deployment-related difficulties. Interns will receive training in individual and group therapy. The presenting complaints of the CRV patient population are highly varied and include, but are not limited to, adjustment disorders, posttraumatic stress disorder (PTSD), other anxiety disorders such as panic disorder and social anxiety disorder, depression, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation will place special emphasis on treatment of adjustment disorders, PTSD (both full criteria and sub-clinical), and depressive disorders as these are the most prevalent diagnoses treated in the CRV.

A central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the more intense psychosocial sequelae that may occur in later stages of disorder course (e.g., loss of relationships, long-term substance abuse) with the aim of setting those who have recently returned home on a positive trajectory for readjustment. An additional central aspect of this rotation is working with a unique VA population with regard to development. The majority of

patients seen within CRV are in young adulthood. Furthermore, these individuals have often experienced transitioning into adulthood in the context of military service and war. Clinical work within CRV, regardless of diagnosis, therefore often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment. Patients vary with regard to age, race, and gender, as well as current military status. Therefore, the intern will develop an expertise in working with recently returned veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple theoretical orientations while remaining thoroughly grounded in evidence based practice. Training will emphasize the integration of empirically supported treatments with empirically supported relationships (Norcross, 2002) and take into account characteristics of the returning veteran clinical population and identified barriers to care (e.g., stigma). Interventions utilized include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, interpersonal therapy, acceptance and commitment therapy, as well as trauma-focused therapy (Cognitive Processing Therapy and Prolonged Exposure). Additionally, clinical activities will incorporate skills training, Dialectical Behavior Therapy, and Seeking Safety approaches, as indicated. Adjunctive therapy experiences in the PTSD clinic are consistent with the approaches described above. Individual

therapy cases within the PTSD clinic emphasize flexibly providing empirically-based treatments to address the various needs of veterans diagnosed with PTSD. Group therapy experiences involve the provision of psychoeducation and empirically-based interventions to a broad population of veterans diagnosed with PTSD.

Training overall will focus on developing skills related to flexibly applying empirically supported treatments taking into account patient preferences, diversity issues, as well as clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with returning service members. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments (e.g., PCL, PHQ-9), as well as opportunities for more extensive structured clinical interviewing as clinically indicated (e.g., SCID, CAPS). These assessment procedures are conducted in the context of identifying and facilitating the most appropriate treatment plan and referral.

Clinical training activities will include:

- ◆ Weekly intake assessments focused on psychosocial and diagnostic assessment;
- ◆ Individual therapy, predominantly CRV referrals but including a small number of non-returning veteran referrals from the PTSD clinic; and
- ◆ Group therapy, including opportunities to co-lead skills-based and support groups within the CRV and PTSD clinics.

Interdisciplinary Interactions

The CRV hosts a weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research post-doctoral fellows, psychology interns, practicum students, psychiatry residents). These team meetings involve interactions around clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination. The intern is a vital member of this team and would have the opportunity to both receive and provide feedback to other team members. In addition, the CRV holds a monthly interdisciplinary case conference to allow for a more in depth discussion of specific cases. Trainees as well as staff present cases during this case conference. In addition to these formalized opportunities, the intern will be encouraged to engage in frequent interactions with other providers related to the veterans they serve. These interdisciplinary interactions are likely to occur with primary care physicians, social workers and nurse case managers within the OEF/OIF/OND outreach and case management program, and other mental health providers. Interactions with the OEF/OIF/OND Case Management Program are particularly frequent and relevant to the work of the CRV, as our programs are co-located, and a primary method for referral is “warm hand-off” of veterans from enrollment visits to CRV mental health staff to increase the likelihood of patient engagement.

Supervision

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary and serving as the point person for the trainee for any internship or clinic concerns experienced while on the rotation. The primary supervisors within the CRV are Dr. Erin Scott Daly, Dr. Kevin Brailey, Dr. Scott Litwack, and Dr. Jill Panuzio Scott. In addition, the intern will participate in weekly small group supervision (2-3 trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences. This supervision will be provided by staff in the CRV and PTSD clinic depending on the clinic location of the group.

Training in Supervision

The Center for Returning Veterans rotation also offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students (*i.e.*, psychology practicum students) on one to two cases during the eight-month rotation. Interns will receive supervision of these supervisory experiences during individual supervision meetings with one of the CRV staff psychologists.

Scholarly Inquiry

The level of intern involvement in scholarly inquiry activities during the

rotation will vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities, or independently propose and conduct a study under staff supervision. Engagement in scholarly inquiry will be facilitated by the intern's primary supervisor and may take place either within or outside the CRV.

- ◆ **Program Evaluation:** The Center for Returning Veterans performs ongoing program evaluation by assessing patients prior to, during, and post treatment using psychometrically-validated self-report assessments. The primary purpose of this information is to better understand the CRV patient population, monitor effectiveness of current interventions, and identify areas for further development of programming. As an integral CRV team member, the intern will be involved in the collection of program evaluation data. Additionally, based on intern interest, the trainee will have the opportunity to collaborate with staff psychologists in analyzing program evaluation data to provide consultation to the treatment team with regards to outcome data and patient feedback, as well as suggest changes to the clinic or programming, if applicable. Trainees will also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Exposure to program evaluation within CRV will facilitate the development of skills in using

effectiveness data to inform clinical practice as well as program adaptation.

- ◆ **Research:** CRV staff work closely with psychology interns to identify the best mentor/trainee match to facilitate the intern's research training goals. In many cases, interns have chosen to pursue research mentorship with full-time clinical researchers within the National Center for PTSD (i.e., Behavioral Sciences Division and/or Women's Health Sciences Division). These opportunities are many and varied, and include several projects focused on returning combat veterans (please see the PTSD rotation descriptions for further details).

Additionally, Dr. Brailey is available to facilitate trainee participation in data analyses conducted within the Neurocognition Deployment Health Study (NDHS). The NDHS is a longitudinal study examining the effects of OIF deployment on psychosocial and neurocognitive outcomes. A unique aspect of this study is the existence within the cohort of prospective, pre-deployment outcome data. He will facilitate trainee interactions with NDHS staff to identify potential research questions that might be examined within the broader NDHS database.

Recent Publications from CRV Staff:

- Litwack, S. D.,** Jackson, C. E., Chen, M., Sloan, D. M., Hatgis, C., Litz, B. T., Marx, B. P. (in press). Validation of the use of video conferencing technology in the assessment of PTSD. *Psychological Services*.
- Clapp, J. D., Baker, A. S., **Litwack, S. D.,** Sloan, D. M., & Beck, J. G. (2014). Properties of the

- driving behavior survey among individuals with motor vehicle accident-related posttraumatic stress disorder. *Journal of Anxiety Disorders*, 28, 1-7.
- Lamotte, A., Taft, C. T., Weatherill, R., **Scott, J. P.**, & Eckhardt, C. I. (2014). Examining intimate partner aggression assessment among returning veterans and their partners. *Psychological Assessment*, 26, 8-15.
- Peugh, J. L., DiLillo, D., & **Panuzio, J.** (2013). Analyzing mixed-dyadic data using structural equation models. *Structural Equation Modeling*, 20, 314-317.
- Meyer, E. C., Zimering, R., **Daly, E.**, Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological symptoms in trauma-exposed firefighters. *Psychological Services*, 9, 1-15.
- Vasterling, J. J., **Brailey, K.**, Proctor, S. P., Kane, R., Heeren, T., & Franz, M. (2012). Effects of mild traumatic brain injury, PTSD, and depression on neuropsychological performance and functional health in Iraq-deployed soldiers. *British Journal of Psychiatry*, 201, 186-192.
- Vasterling, J. J., **Daly, E. S.**, & Friedman, M. J. (2011). Posttraumatic stress reactions over time: The battlefield, homecoming, and long-term course. In J. Ruzek, P. Schnurr, J. J. Vasterling & M. Friedman (Eds.), *Caring for Veterans With Deployment-Related Stress Disorders* (pp. 35-55). Washington: American Psychological Association.
- Marshall, A. D., **Panuzio, J.**, Makin-Byrd, K., Taft, C. T., & Holtzworth-Munroe, A. (2011). A multilevel examination of interpartner intimate partner violence and psychological aggression reporting concordance. *Behavior Therapy*, 42, 364-377.
- Taft, C. T., O'Farrell, T. J., Doron-LaMarca, S., **Panuzio, J.**, Suvak, M., Gagnon, D. R., & Murphy, C. M. (2010). Longitudinal risk factors for intimate partner violence among men in treatment for alcohol use disorders. *Journal of Consulting and Clinical Psychology*, 78, 924-935.
- Panuzio, J.**, & DiLillo, D. (2010). Physical, psychological, and sexual intimate partner aggression among newlywed couples: Longitudinal associations with marital satisfaction. *Journal of Family Violence*, 25, 689-699.
- Mattson, R. E., O'Farrell, T. J., Monson, C. M., **Panuzio, J.**, & Taft, C. T. (2010). Female perpetrated dyadic psychological aggression predicts relapse in a treatment sample of men with substance use disorders. *Journal of Family Violence*, 25, 33-42.
- Marx, B. P., **Brailey, K.**, Proctor, S. P., MacDonald, H. Z., Graefe, A. C., Amoroso, P., Heeren, T., & Vasterling, J. J. (2009). Association of time since deployment, combat intensity and posttraumatic stress symptoms with neuropsychological outcomes following Iraq war deployment. *Archives of General Psychiatry*, 66, 996-1004.

Overview

The Dual Diagnosis Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) rotation was

developed to address this important comorbidity (PTSD-SUD) in the veteran population, and to provide the highest quality of training for treating these co-occurring disorders. Historically, the treatment of PTSD and SUD has been separated; in fact, patients frequently were denied treatment for one problem if the other was present. Although current research and best clinical practices encourage integrated treatment for this dually-diagnosed population, training experiences in integrated treatment have been limited.

Clinically, the PTSD and SUD clinics are increasingly integrating their treatment whenever possible, which is often more acceptable to veterans. Clinicians also work collaboratively with veterans to help them understand the linkage between PTSD and SUD. At times, veterans will receive treatment in more than one clinic, with clinicians working together to develop appropriate treatment plans. Or, a veteran may receive integrated PTSD/SUD treatment within one clinic, particularly when they have more moderate SUD. This latter plan is most likely with our younger veteran population, those recently returned from Iraq and Afghanistan. While the majority of the intern's caseload will be dually-diagnosed, there also will be opportunities to assess and/or treat patients with one primary diagnosis. Involvement with multiple levels of care will also provide the intern opportunities to work with patients in different stages of recovery. The primary placement will be in the Brockton PTSD Clinic (about 55% of their clinical time) with the remaining time spent the Intensive Alcohol

and Drug Addiction Program of Treatment (I-ADAPT). There also are options for interns to receive training in areas that are of particular interest to them (*i.e.*, motivational interviewing, Acceptance and Commitment Therapy, 12-step approaches, contingency management and trauma processing treatments). Supervision will focus on both PTSD and SUD and will continually explore what treatments are the most appropriate. Considering the many opportunities available in this rotation, supervisors will help the intern develop a training plan that ensures a manageable and diverse caseload allowing for both depth and breadth of experiences. The intern will also receive guidance on professional development and balancing training goals with self care.

The clinics within this rotation are optimal for dual diagnosis work, since the outpatient clinics for PTSD, Substance Abuse, and the Center for Returning Veterans are all conveniently located on the same floor. Residential dual diagnosis treatment programs are also located on the campus, in different buildings (*e.g.*, CIRCA). All clinics have high volume and diverse referrals. Care will be taken to ensure that the intern receives a varied caseload including veterans from all eras, with all types of trauma and substance abuse histories, both male and female, with diverse backgrounds. Although outpatient care is the primary focus of training, the intern will have the opportunity to interact with patients across the continuum of care, through consultation with patients and staff in residential and inpatient units, through treatment of long-term cases as they move through different levels of care, and through treatment experiences in I-ADAPT. Interdisciplinary opportunities for collaboration are widely available, since both the

PTSD and SUD team meetings include other disciplines (Psychiatry staff and residents, Social Work staff, in addition to Psychology staff and trainees). There is also a monthly PTSD/SUD clinical forum. Furthermore, the intake process in the PTSD and SUD clinics often necessitates communication with various VA clinics and programs, including psychiatric inpatient staff, Suicide Prevention Coordinators, staff from other outpatient clinics, and Vet Center staff.

Clinical Experience

◆ **Brockton PTSD Clinic (PCT):** 55% of time. The Brockton PCT provides

comprehensive outpatient services to almost 1200 veterans per year with PTSD and comorbid diagnoses, and averages 25 new consults per month, about 50% of which are returning veterans. There is a high rate of comorbid SUDs, mood disorders, and other anxiety disorders. The clinic shares staff with the Center for Returning Veterans (CRV); roughly 50% of CRV referrals are diagnosed with PTSD, and interns may also carry cases from the CRV.

- **Assessment:** Interns will receive training in weekly intake assessments along with more comprehensive assessments for particularly complex cases. Assessment training will include experience with psychometrics and interview methods such as the CAPS and, when indicated, the SCID.
- **Treatment:** The focus of this experience will be on the provision of empirically based treatments for this dually

diagnosed population. The PTSD Clinic provides comprehensive programming within a stage model of treatment that includes (1) stabilization and psychoeducation, (2) focused trauma work, and (3) relationship building and recovery maintenance. There are ample opportunities to provide short-term focused treatments to veterans of all eras, including OEF/OIF veterans. The intern will have the opportunity to receive training and supervision in state of the art treatments for PTSD, SUD, and co-occurring disorders, including Cognitive Processing Therapy, Prolonged Exposure, Relapse Prevention, and Acceptance and Commitment Therapy. , There are many therapy groups running in the clinic at a given time, ranging from modular PTSD Skills and psychoeducation, relaxation/stress management, Seeking Safety, Dialectical Behavior Therapy, and support. The eight-month intern will also have the opportunity to provide more intensive, longer-term treatment for some veterans.

Supervisors: Julie Klunk-Gillis, Ph.D., Julie Weismore, Ph.D., and Karen Krinsley, Ph.D.

- **Brockton Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT):** 45% of total time. I-ADAPT is a part of the Outpatient Alcohol and Drug Treatment Program (ADTP). It is an intensive outpatient program that provides an intermediate level of care between residential and standard outpatient addictions treatment. New patients are admitted weekly on a rolling basis, and up to eight veterans are enrolled

concurrently. I-ADAPT patients attend group therapy each Monday, Wednesday, and Friday for approximately six weeks. I-ADAPT is a comprehensive treatment program that utilizes evidence based psychotherapies to address multiple domains of functioning impacted by addiction. It is based on CBT and integrates Twelve-Step Facilitation, Contingency Management and Acceptance and Commitment Therapy approaches. Rates of trauma within our substance abuse treatment programs are very high. Approximately 75% of patients in I-ADAPT are diagnosed with PTSD.

Interns will have the opportunity to be trained in multiple aspects of clinical care in an intensive treatment setting, with particular attention to the co-occurring diagnoses patients carry, and how these are addressed within an addictions treatment program. They will be supervised on comprehensive screening assessments for patients referred to I-ADAPT, and will have the opportunity to co/lead a variety of groups such as Relapse Prevention, Emotion Regulation, and Acceptance and Commitment Therapy. They will also provide short-term individual psychotherapy focused on a range of mental health problems, and will have the opportunity to participate in aftercare planning. Joint supervision may occur with the ADTP psychology intern.

Supervisor: Travis Cook, Ph.D.

Seminars and Didactics

Throughout the rotation, the intern will attend PTSD and I-ADAPT or ADTP

interdisciplinary clinical meetings; trainees of all disciplines participate as integral members of these teams. The intern will be expected to present several cases across teams, and will have the opportunity to participate in team meetings when psychiatry residents present cases. As they conduct screening assessments for the clinic, the intern will learn how to consult with referral sources from a variety of disciplines such as inpatient psychiatry and outpatient social work.

The intern will participate in a seminar designed to foster both staff and trainee professional development across the PTSD and SUD diagnoses. The monthly ***Brockton PTSD/SUD Clinical Forum*** is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. This forum is co-coordinated by Dr. Weismore. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs, and the forum will include the opportunity for informal case presentation.

At the beginning of the rotation, the intern will participate in several training activities. The intern will attend 1-2 seminars specific to assessment and treatment of dual-diagnosis PTSD and SUD; these will be attended in conjunction with the ADTP psychology intern(s). The intern will participate in selected joint trainings with National Center for PTSD interns, including trainings in PTSD assessment and treatment, PTSD-SUD research and clinical issues, and a seminar on exposure therapy. More individualized training will be provided by supervisors in the specific clinics. Interns will also participate in a two-day training in Cognitive Processing Therapy.

All supervisors are well versed in the treatment of dual (and multiple) diagnosis veterans, and have experience sharing veterans' care and working across clinics, which will serve as models for the interns' experience.

Supervision

Primary supervisors include Julie Klunk Gillis, Ph.D., Julie Weismore, Ph.D., Travis Cook, Ph.D., and Karen Krinsley, Ph.D., and . Additional supervision may be provided by Jillian Scott, Ph.D. and Erin Daly, Ph.D.

Drs. Klunk-Gillis and Cook will supervise one intake/week from their respective clinics during the intern's one hour/week individual supervision, and group supervision on assessment will also be provided. Dr. Weismore will also provide one hour/week of individual supervision focused on treatment and consultation issues. Interns will co-lead a therapy group with at least two of their supervisors. Additional supervision (half hour per session) may be provided by the leader of a group the intern co-leads, if that psychologist is not one of the primary supervisors. Interns also will participate in weekly group consultation in Cognitive Processing Therapy.

Research

Interns have the opportunity to participate in four hours/week of research or program evaluation and development. Primary supervisors will work with the interns early in the year to design a program that best fits their needs.

Dr. Cook's research focuses on the process of relapse to alcohol use following treatment by exploring the interplay of emotion regulation and information processing. He is Principal Investigator of a R01 grant from NIAAA entitled "Negative Affect, Urges and Distress Tolerance, Effects on Cognition in Alcohol Use Disorders". This laboratory study is conducted in Providence, Rhode Island and primary activities available to interns include data analysis, manuscript preparation and collaboration on future projects. Specific activities connected with these projects can vary, depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Through Dr. Krinsley's appointment with the National Center for PTSD, she is able to coordinate research experience with National Center staff members based in JP (in this case, interns may need to travel to JP at times).

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for fellows interested in SUD related research. Dr. Enggasser is involved in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Research opportunities with Dr. Enggasser could involve one of two current clinical trials evaluating 1) efficacy of an automated Web-based self-help intervention for returning veterans with problem drinking and trauma symptoms, and 2) efficacy of treatment for SUD/PTSD delivered via video teleconferencing.

Alternatively, interns may design and conduct program evaluation of ongoing services. Both the PCT and substance abuse clinics are beginning to

gather client satisfaction data and track consults and other information about clinic flow, in order to guide program development efforts. Information about depression, alcohol use, and PTSD symptoms is collected at intake in both the PCT and I-ADAPT clinics. As the clinics continue program development and move toward more in-depth program evaluation, the intern would have the unique opportunity to shape the collection of data, as well as the methods and measures utilized toward this end. In addition, the PCTs across the Brockton and Jamaica Plain sites run Seeking Safety groups, one of the most prominent integrated treatments for PTSD-SUDs, and both have begun an innovative joint program evaluation project to measure treatment outcomes. The intern may help design and select evidence-based outcome measures and aid in data collection and analysis. Interns will also have the option of learning more about PTSD clinic administration through work with Dr. Krinsley.

Sample Publications from this rotation include:

- Keane, T. M., Rubin, A., Lachowicz, M., Brief, D.J., **Enggasser, J.**, Roy, M., Hermos, J., Helmuth, E., & Rosenbloom, D. (2014). Temporal stability of DSM-5 Posttraumatic Stress Disorder criteria in a problem drinking sample. *Psychological Assessment*.
- Metrik, J., Rohsenow, D.R., Monti, P.M., McGeary, J., **Cook, T.A.R.**, de Wit, H., Haney, M., & Kahler, C.W. (2009). Effectiveness of a marijuana expectancy manipulation: Piloting the balanced-placebo design for marijuana. *Experimental and Clinical Psychopharmacology*, 17, 217-245.
- Martin, R. A., MacKinnon, S. M., Johnson, E. J., Myers, M. G., **Cook, T.A.R.**, Rohsenow, D. J. (2011). The alcohol relapse situation appraisal

questionnaire: Development and validation. *Drug and Alcohol Dependence*, 116, 45-51.

- Brief, D., Rubin, A., **Enggasser, J.**, Roy, M. and Keane, T. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy*, 41, 237-246.
- Brief, D.J., Rubin, A., Keane, T.M., **Enggasser, J.L.**, Roy, M., Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., Rosenbloom, D. (2013). Web intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 81, 890-900.
- Kramer, J., Rubin, A., Coster, W., Helmuth, E., Hermos, J., Rosenbloom, D., Moed, R., Dooley, M., Kao, YC., Liljenquist, K., Brief, D., **Enggasser, J.**, Keane, T., Roy, M., Lachowicz, M. (2013). Strategies to address the challenges of participant misrepresentation in web-based research. *International Journal of Methods in Psychiatric Research*.
- Young, M.A., Hutman, P, **Enggasser, J.L.**, Meesters, Y. (in press). Assessing usual seasonal depression symptoms: The Seasonality Assessment Form. *Journal of Psychopathology and Behavioral Assessment*.
- Ellis, B. H., MacDonald, H. Z., **Klunk-Gillis, J.**, Lincoln, A., Strunin, L. and Cabral, H. J. (2010). Discrimination and mental health among Somali Refugee adolescents: The role of acculturation and gender. *American Journal of Orthopsychiatry*, 80: 564–575.
- Niles, B. L., **Klunk-Gillis, J.**, Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 538-547.

Keen, S., Kutter, C., Niles, B.L., & **Krinsley, K.E.** (2008). Psychometric Properties of the PTSD Checklist in a Sample of Male Veterans. *Journal of Rehabilitation Research and Development*, 45, 465-474.

Weismore, J.T. & Esposito-Smythers, C. (2010). The role of cognitive distortion in the relationship between abuse, assault, and non-suicidal self-injury. *Journal of Youth and Adolescence*, 39, 281-290.

Miller, A. B., Esposito-Smythers, C., **Weismore, J. T.**, & Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review*, 1–27.

Overview

The General Mental Health rotation provides

opportunities for interns to obtain clinical training in multiple outpatient mental health programs affiliated with the General Mental Health Program at VA Boston, including the General Mental Health Clinic (GMHC), Mood and Anxiety Disorders Clinic (MADC), Primary Care Behavioral Health Clinic (PCBH), and Urgent Care Clinic (UCC). These clinics offer a broad array of services to veterans with mental health (MH) difficulties throughout VA Boston Healthcare System and provide interns with ample opportunity to work with a wide range of patients.

Located on two campuses – Jamaica Plain (JP) and Brockton (BR) – the GMHC provides evidence-based evaluation, differential diagnosis, psychotherapy, and psychopharmacology as well as treatment referrals to mental health specialty clinics. The GMHC Jamaica Plain (JP) and Brockton (BR) sites serve veterans with a wide range of mental health problems, from those with simple bereavement and/or adjustment issues to severely-impaired, multiply-diagnosed individuals who are unlikely to be appropriate for a specific MH specialty clinic. The GMHC is also associated with several specialty clinics, including the MADC, PCBH, and UCC. This provides interns with an ideal balance of general and specialty training.

Training Experience

The General Mental Health rotation will accept two (2) interns for the 2014 -

2015 training year, both of whom will receive training at the JP and Brockton GMHC sites.

GMHC interns will provide psychotherapeutic treatments in individual and group therapy formats. Interns may also have the opportunity to supervise externs or other trainees and to receive supervision of supervision. Interns are encouraged to participate in any of the multiple ongoing, federally-funded research studies in these program areas, as part of their scholarly inquiry (research) activities. (See the final section, entitled “Research,” below.)

The GMHC houses a large multidisciplinary staff composed of psychiatrists, social workers, clinical nurse specialists, and psychologists. Training in the GMHC is also interdisciplinary and multi-level, and includes psychology interns and post-doctoral fellows, social work interns, and psychiatry residents. This exposure to diverse staff with a variety of theoretical approaches and supervisory styles, as well as trainees approaching clinical care from different perspectives, is designed to assist interns in developing their own, unique professional identity and perspective informed by scientific data. Psychology clinical supervisors are comprised of experienced staff members who have worked together to train psychology interns for many years.

The General Mental Health rotation includes four mental health clinics described below. Some additional options may be available as programs evolve. Assignments include involvement in at least three of the four following programs:

- ◆ **General Mental Health Clinic (GMHC)** serves several functions in the VA Boston Healthcare System, including evaluation and treatment of general mental health difficulties, and referral for treatment in specialty clinics. A primary focus of the GMHC is the provision of

services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that are not best treated in a specialty clinic). The GMHC also houses the Mood and Anxiety Disorders Clinic (MADC). MADC is the only specialty clinic with primary responsibility for provision of evidence-based, state-of-the-art evaluation, psychotherapy (individual and group), and psycho-pharmacology for mood disorders and non-PTSD anxiety disorders.

Treatment in both the GMHC and MADC is geared toward reducing psychiatric symptoms and patient distress, strengthening skills and coping resources, and improving psychosocial functioning and quality of life. A variety of theoretical approaches to treatment are utilized, including cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems. Cognitive-behavioral, behavioral, acceptance-based, and other empirically-supported interventions are particularly emphasized in the MADC. Psychometrically-validated pre- and post-treatment assessment instruments are also used to evaluate treatment outcome.

- ◆ **Primary Care Behavioral Health (PCBH):** The Primary Care Behavioral Health program is part of a nation-wide effort to create a seamless integration of Primary Care and Mental Health services. PCBH offers co-located, immediate, collaborative care within the Primary Care setting. Patients are provided with brief assessments and

interventions for a range of mental health difficulties, using evidence-based methods.

- ◆ **Urgent Care Clinic (UCC):** The Urgent Care Clinic provides a unique opportunity for closely-supervised experience in crisis management and assessment of risk for suicide and/or other violence. It also provides exposure to patients with a broad range of psychopathological conditions, including both acute and sub-acute symptoms (e.g., psychotic disorders, alcohol and drug intoxication). This experience is based on a model emphasizing training in three major areas: knowledge, skill, and attitude.
- ◆ **Intern Assignment:** Both interns will have a common core training component, comprised of both the GMHC and MADC. In addition, one intern will train in UCC, whereas the other will train in PCBH. Both interns will spend four days per week at the Jamaica Plain campus (GMHC, MADC, and either UCC or PCBH) and one day per week at the Brockton campus (GMHC). Intern assignments will be made with consideration for the needs and interests of the intern, in order to augment and broaden the intern's clinical experience.
- ◆ **Assessment:** Interns on the General Mental Health rotation have multiple opportunities to strengthen their diagnostic and assessment skills. Interns conduct in-depth mental health screening interviews on veterans referred to the GMHC and MADC, with a focus on diagnosis, risk assessment, and case disposition. Interns also conduct more comprehensive biopsychosocial evaluations in selected cases, such as those involving more complex differential diagnosis questions. GMHC and MADC diagnostic assessments

range from one to four sessions. Interns will learn to conduct evaluations using relevant portions of the Structured Clinical Interview for DSM-IV (SCID-IV), and self-report measures (e.g., Beck Depression Inventory-II, PRIME-MD, PAI, MMPI-2) as guided by the referral question and/or presenting complaint. GMHC assessments are typically broad in scope, including a full Axis I diagnostic assessment, as well as treatment planning, referral, and consultation with the referring clinician. MADC assessments focus primarily on differential diagnosis of mood and non-PTSD anxiety disorders and treatment planning. PCBH assessments are a unique skill; they are typically 15 to 50 minutes, and focus on identifying key issues of concern for the primary care patient, with real-time liaison with primary care staff. Similar to PCBH, but in an acute (often high-risk) setting, training in the UCC provides experience in rapid assessment, risk assessment and management, and interdisciplinary consultation.

- ◆ **Treatment:** Interns are actively involved in the provision of both individual and group psychotherapy, with a focus on short-term, problem-focused treatment interventions. Interns will co-lead one or more psychotherapy groups with staff members and/or other trainees, typically using flexibly-administered, manual-based treatments. The following programs and groups are offered through the Clinics on a regular basis:

- **Group Treatment for Anxiety Disorders:** This short-term (10 session) group is based on cognitive-behavioral principles and associated exposure-based

interventions. The group is aimed at improving patients' functioning by facilitating habituation to, and acceptance of, anxiety responses.

- **Depression Management Groups:** This short-term (10 session) group utilizes a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring.
- **Anger Management Group:** This short-term (10 session) group provides treatment for veterans with anger management difficulties. Utilizing a cognitive-behavioral approach (with the opportunity to incorporate basic mindfulness techniques), the group is aimed at understanding and regulation of anger responses.
- **Living with Bipolar Disorder:** This short-term (10 session), skills-based group is provided in conjunction with medication management for patients diagnosed with bipolar disorder. The group focuses on skills to facilitate prevention and management of extreme mood shifts, using behavioral and systems-oriented interventions.
- **Acceptance and Commitment Therapy (ACT) for Depression and Generalized Anxiety Disorder (GAD):** This short-term (10 session) group introduces ACT-based skills, including mindful meditation, to help alleviate suffering and improve

quality of life. ACT-consistent metaphors and experiential exercises are used to assist in the process of relating to internal experiences with a stance of acceptance and willingness, identifying core values, and committing to values-consistent goals.

Primary Supervisors: Justin Hill, Ph.D., Barbara W. Kamholz, Ph.D., Phillip Kleespies, Ph.D., ABPP, Stephen R. Lancey, Ph.D., and Melanie Vielhauer, Ph.D.

Supervision

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor will be responsible for supervision of cases, and will also be available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one on one) hours is met or exceeded and to provide multiple points of view. In addition to individual supervision, interns may participate in group supervision (2 - 3 trainees) that includes trainees at different levels of experience. Interns also participate in weekly multidisciplinary, clinical team meetings, providing additional opportunities for case consultation.

Training in Supervision

The General Mental Health rotation offers training in the delivery of clinical

supervision. This typically involves interns supervising graduate-level students on one to two cases during the eight-month rotation. Interns then receive supervision for their supervision from a licensed and privileged staff psychologist. Interns meet weekly with the supervisor to address the issues that emerge for each of the supervisees. Readings on the supervisory process are provided and interns are encouraged to incorporate different points of view to develop their own style of supervision.

Research

Interns may collaborate with staff on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Interns are encouraged to identify research activities that would expand their current skill set. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Interns interested in these academic pursuits are encouraged to communicate with Dr. Kamholz for more specific information.

Level of intern research involvement during the rotation may vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to the clinic, or independently propose and conduct a study under staff supervision. Intern candidates are encouraged to contact supervisors who share similar research

interests to learn of the most current opportunities.

Recent publications from this rotation include:

Kleespies, P. & Hill, J. (2011). Behavioral emergencies and crises. In D. H. Barlow (Ed.). *The Oxford Handbook of Clinical Psychology*. New York: Oxford University Press.

Harte, C. B., Liverant, G. I., Sloan, D. M., **Kamholz, B. W.**, Rosebrock, L. E., Fava, M., & Kaplan, G. B. (in press). Association between smoking and heart rate variability among individuals with depression. *Annals of Behavioral Medicine*.

Liverant, G. I., **Kamholz, B. W.**, Sloan, D. M., & Brown, T.A. (2011). Rumination in clinical depression: A type of emotional suppression? *Cognitive Therapy and Research*, 3, 253-265.

Daly, E. S., Gulliver, S. B., Zimering, R. T., **Kamholz, B. W.**, & Morissette, S. B. (2008). Disaster mental health workers responding to Ground Zero: One year later. *Journal of Traumatic Stress*, 21, 227-230.

Morissette, S. B., Gulliver, S. B., **Kamholz, B. W.**, Duade, J., Farchione, T., Devine, E., Brown, T. A., Barlow, D. H., & Ciraulo, D. (2008). Differences between daily smokers, chippers, and nonsmokers with co-occurring anxiety and alcohol-use disorders. *Addictive Behaviors*, 33, 1425-1431.

DiLillo, V., Hussong, A., **Kamholz, B. W.**, & Lloyd-Richardson, E. (2013). Psychologist and parent: Advice from professionals in different career tracks. In M. J. Prinstein (Ed.) *The portable mentor: Expert guide to a successful career in psychology, Second Edition*. (pp. 101-116). NY: Springer.

Bollinger, A. R., Cuevas, C. A., **Vielhauer, M. J.**, Morgan, E. E., & Keane, T. M. (2008). The operating characteristics of the PTSD Checklist in detecting PTSD in HIV+ substance abusers. *Journal of Psychological Trauma*, 7(4), 213-23.

Wagner, K. D., Brief, D. J., **Vielhauer, M. J.**, Sussman, S., Keane, T. M., & Malow, R. (2009). The potential for PTSD, substance use and HIV risk behavior among adolescents exposed to Hurricane Katrina. *Substance Use & Misuse*, 44(12), 1749-1767.

Burns, S. M., Hough, S., Boyd, B. L., & **Hill, J.** (2010). Men's adjustment to spinal cord injury: The unique contributions of conformity to masculine gender norms. *American Journal of Men's Health*, 4, 157-166.

Kleespies, P., AhnAllen, C., Knight, J., Presskreischer, B., Barrs, K., Boyd, B., and Dennis, J. (2011). A study of self-injurious and suicidal behavior in a veteran population. *Psychological Services*, 8, 236-250.

Overview

The Geropsychology rotation provides interns with

experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; (2) psychological interventions with older adult patients with interacting medical, psychological, and psychiatric problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives critical for understanding older adult clients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology, given the demographics of our aging population, the need for mental health services for older adults and their families, and increasing opportunities for education and training in this field. Our training program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA,

2013) and the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). It is also designed to help prepare trainees for Board Certification in Geropsychology via the American Board of Professional Psychology (ABPP).

The Geropsychology rotation emphasizes closely supervised clinical experiences in some combination of outpatient mental health, outpatient neuropsychology, long-term care, rehabilitation, and palliative care settings. We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains. We work to support the intern's development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology.

Clinical Experience

The geropsychology intern works in two to three distinct clinical settings over

the course of the rotation, an outpatient geriatric mental health clinic, an outpatient geriatric neuropsychology service, and the Community Living Center (CLC), which includes long-term care, rehabilitation, and hospice and palliative care services. Clinical time will be roughly split between two types of experiences – therapy in the outpatient geriatric mental health clinic and assessment/consultation in the neuropsychology service and/or the CLC, with some flexibility according to the intern's interests and training needs.

♦ **Outpatient Geriatric Mental Health Clinic:**

This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to veterans over the age of 65. The clinic team includes two psychologists (Dr. Jennifer Moye, Director, and Dr. Elizabeth Mulligan), two social workers, a social work intern at times, a psychiatrist, a psychiatric nurse, and some combination of the two geropsychology postdoctoral fellows and two geropsychology interns. The clinic receives referrals from primary care providers, psychiatry walk-in services, inpatient psychiatry, the geriatric evaluation team, and other specialty clinics. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, late-life PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. We provide individual, couples and family, and group psychotherapy services, and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Interns attend a weekly clinic team meeting, conduct initial psychodiagnostic evaluations, and follow cases for individual, family, and group psychotherapy. Video-taping of therapy sessions is required.

Supervisors: Jennifer Moye, Ph.D., Elizabeth Mulligan, Ph.D.

♦ **Outpatient Geriatric Neuropsychology:**

This service provides geriatric neuropsychological assessment to veterans referred to the Geriatric Research, Education, and Clinical Center (GRECC) and to general neuropsychology. The primary focus of geropsychology interns functioning within the Neuropsychology rotation will be to gain exposure to the practice of neuropsychological assessment with older veterans, and to work to refine diagnostic skills related to cognitive diagnoses of aging. The most common referral questions concern differential diagnosis of dementia, although questions related to the severity of cognitive impairment (normal aging vs MCI vs dementia) or the presence of general medical, psychiatric, neurologic, or medication related contributions, are also common clinical considerations. Interns will work toward developing specific neuropsychological skills including conducting record review, collaborating with supervisors to select an appropriate battery for the referral question, conducting a thorough neuropsychological interview, scoring data using appropriate norms, crafting neuropsychological reports, delivering consumer-driven feedback to patients and families, and consulting with referral sources and other providers to enhance patient care. As the trainee's skills advance, focus will be placed on formulating diagnostic decisions in collaboration with supervisors, on using qualitative behavioral observations and types of neuropsychological errors to aid in this process, and learning to translate

professional language into consumer friendly feedback. In the context of their overarching training goals and professional development, interns will work with supervisors to determine whether introduction of more broad based referral questions and work with other neurologic/psychiatric populations will complement the training experience. Interns work very closely with supervisors and follow a graduated supervision model in order to ensure that comfort with a particular skill set is reached before other more advanced roles are assumed, and supervisors thus make an effort to meet trainees at their level of training and modify the experience as needed. Interns are welcome to attend the neuropsychology didactic seminar series at the Jamaica Plain campus during this rotation, although this opportunity remains voluntary.

Supervisor: TBA

- ♦ **Community Living Center (CLC):** The Brockton CLC offers residential long-term care, hospice and palliative care, and inpatient rehabilitation services. One 30-bed unit provides long-term, skilled nursing care as well respite care. Two ~30 bed units provide sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. One 15 bed unit provides hospice and palliative care. Veterans receiving long-term care tend to be elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have

complex, co-morbid medical, psychiatric, substance abuse, and social problems. The geropsychology interns serve as primary mental health consultants to the long-term care unit, and also have opportunities to consult to the rehabilitation and palliative care units. The interns attend weekly team meetings, and provide psychological assessment, psychotherapy, and consultation services. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for frail elders; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.

Supervisor: Kate Hinrichs, Ph.D.

Supervision / Professional Activities

The geropsychology interns receive a total of 4 hours of supervision consisting of a combination of

individual supervision in the outpatient clinic with Dr. Moye or Dr. Mulligan, either individual or group supervision in the neuropsychology service with Dr. Foley, and both individual and group supervision in the CLC with Dr. Hinrichs. The geropsychology fellows also work in each of these

settings; the intern will collaborate and consult with the geropsychology fellows.

Interns are encouraged to collaborate on research and other professional activities with Drs. Hinrichs, Moye, and Mulligan as well as Dr. Michele Karel (a consultant and virtual mentor for the training program). These psychologists collaborate actively with each other across various projects and interests.

- ♦ **Dr. Kate Hinrichs** is the Consult-Liaison psychologist in the Community Living Center. She currently serves on the VA Boston Hospice and Palliative Care, and Psychiatric Emergency Review Committees as well as the CLC Cultural Transformation and Dementia Committees. Dr. Hinrichs co-coordinates the weekly geriatric mental health seminar. She has special interests in diversity, and sexuality in aging adults. She serves as Co-Chair of the Division 44 (LGBT) Committee on Aging and is on the Board of Psychologists in Long-Term Care.
- ♦ **Dr. Jennifer Moye** directs the Geriatric Mental Health Clinic and serves on the VA Boston Organizational Ethics Committee and the Dementia Steering Committee. She is also the chair of the Committee on Aging (CONA). She is a nationally recognized expert in the assessment of decision making capacity in older adults, and has published widely on this topic. She is currently studying cancer survivorship in veterans, focusing on gaps in integrated healthcare needs. Her research examines the psychological and physiological consequences of primary cancer treatment for survivors across the developmental life span. Dr. Moye is also interested in PTSD in

late life, particularly among aging veterans and cancer survivors.

- ♦ **Dr. Elizabeth Mulligan** is a staff psychologist in the Geriatric Mental Health Clinic and the Track Coordinator for Geropsychology Training. She also co-coordinates the geriatric mental health seminar. Dr. Mulligan serves as the secretary for the Council of Professional Geropsychology Training Programs. She is also a faculty member for the Harvard South Shore Psychiatry Residency Training Program, where her roles include serving on the Psychotherapy Steering Committee and co-teaching a course on cognitive behavioral therapy. She has interests in caregiving, bereavement, late-life family relationships, and PTSD and aging.
- ♦ **Note: Dr. Michele Karel** remains a consultant to and virtual mentor for the training program. She is Psychogeriatrics Coordinator, Mental Health Services, VA Central Office. She is a national leader in Geropsychology training; she co-chaired the 2006 National Conference on Training in Professional Geropsychology, which resulted in the Pikes Peak Model for Training in Professional Geropsychology. She has interests in Geropsychology training, ethical issues in geriatric care, integrated care models, and mentoring.

Seminar

The geropsychology interns participate in a weekly geriatric mental health seminar. The seminar is attended by the geropsychology fellows and interns, as well as geriatric psychiatry providers and social

workers and their trainees, as available. Interns have opportunities to attend other educational opportunities within aging offered through the GRECC program and Harvard hospitals

Selection Criteria

The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or research in the areas of adult development and aging, clinical geropsychology, behavioral medicine, rehabilitation psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.

Research

Recent publications from this rotation include:

***Note that all bolded names current faculty members.**

Carpenter, B. D., & **Mulligan, E. A.** (2010). Family functioning to support older adults. In P.A. Lichtenberg (Ed.), *Handbook of clinical gerontology* (2nd ed., pp. 273-306). San Diego: Elsevier.

Carpenter, B. D., & **Mulligan, E. A.** (2009). Family, know thyself: A workbook-based intergenerational intervention to improve parent care coordination. *Clinical Gerontologist*, 32, 147-163.

Karel, M. J. (2011) Ethics. In V. Molinari (Ed.) *Specialty competencies in Geropsychology* (115-142). New York: Oxford University Press.

Jahn A., Herman L., Schuster J., Naik A., & **Moye J.** (2012) Distress and resilience after cancer in military Veterans. *Research in Human Development*, 9, 229-247.

Foley J. & **Moye J. A.** (c2013-2014). GeroCentral [Internet]. [Washington, D.C.]: APA; Decision Making Capacity Clinical Toolbox. Introduction: Decision Making Capacity; [cited 2014 June 18]; [about 6 screens]. Available from: <http://gerocentral.org/clinical-toolbox/clinical-issues/decision-making-capacity>.

Hilgeman, M., Moye, J., Archambault, E., Billings, R., **Karel, M. J.,** Gosian, J., & Naik, A. (2012). In the Veterans voice: Psychosocial needs after cancer treatment. *Federal Practitioner*, 29(Suppl. 3), 51S-59S.

Hinrichs, K. L. M., & Vacha-Haase, T. (2010). Staff perceptions of same-gender sexual contacts in long-term care facilities. *Journal of Homosexuality*, 57(6), 776-789.

Karel, M. J., Emery, E. E., Molinari, V. (2010). Development of a tool to evaluate geropsychology knowledge and skill competencies. *International Psychogeriatrics*, 22, 886-896.

Karel, M. J., Knight, B. G., Duffy, M., Hinrichsen, G. A., & Zeiss, A. (2010). Attitude, knowledge and skill competencies for practice in professional geropsychology: Implications for training and building a geropsychology workforce. *Training and Education in Professional Psychology*, 4, 75-84.

Karel, M. J. & Mulligan, E. A. (in press). Mental health and aging. Chapter in *The Encyclopedia of Mental Health*.

Kimmel, D. C., **Hinrichs, K. L. M.** & Fisher, L. D. (in press). Understanding lesbian, gay, bisexual, and transgender elders. Chapter in *APA Handbook of Clinical Geropsychology*.

Knight, B. G., **Karel, M. J.**, Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. *American Psychologist*, 64, 205-214.

Moye, J., June, A., Martin, L. A., Gosian, J., Herman, L., & Naik, A.D. (2014). Pain is prevalent and persisting in cancer survivors: Differential factors across age groups. *Journal of Geriatric Oncology*, 5(2), 190-196.

Moye J., Marson D., Edelstein B., Wood S., & Salidvar, A. (2011). Decision making capacity. In K.W. Schaie and S.L. Willis (Eds.). *Handbook of the Psychology of Aging*, 7th edition (367-379). New York: Academic Press.

Moye, J. & Naik, A. (2011). Physician evaluations are key to preserving rights for individuals facing guardianship. *Journal of the American Medical Association*, 305, 936-937.

Mulligan, E. A., Wachen, J. S., Naik, A. D., Gosian, G., & **Moye, J.** (in press). Cancer as a Criterion A traumatic stressor for Veterans: Prevalence and correlates. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Moye, J., Wachen, J. S, **Mulligan, E. A.**, Doherty, K., & Naik, A. D. (2014). Assessing multidimensional worry in cancer survivors. *Psycho-Oncology*, 23, 237-240.

Mulligan, E. A. & Carpenter, B. D. (2011). Later-life family assessment. *Clinical Gerontologist*, 34, 4-20.

Wachen, J. S., Patidar, S. M., **Mulligan, E. A.**, Naik, A. D, & **Moye J.** (2014). Cancer-related PTSD symptoms in a Veteran sample: Association with age, combat PTSD, and quality of life. *Psycho-Oncology*. Advance Online Publication.

Wood, S. & **Moye, J.** (Editors). (2008) American Bar Association/American Psychological Association. *Assessment of Capacity in Older Adults Project Working Group. Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists*. Washington DC: American Bar Association and American Psychological Association.

Moye, J., Schuster, J. L., Latini, D. M., & Naik, A. D. (2010). The future of cancer survivorship care for veterans. *Federal Practitioner*, 27(3), 36-43.

Overview

The Inpatient Mental Health/Therapeutic Recovery rotation

offers an opportunity for training within an integrated, recovery-oriented continuum of care involving Inpatient Mental Health programs and the Psychiatric Rehabilitation and Recovery Center (PRRC), an outpatient treatment program for Veterans with serious mental illness (SMI). This rotation is particularly appropriate for an intern interested in enhancing their assessment and psychotherapeutic skills in working with Veterans with acute and chronic mental illness within an integrated model of training. The intern develops skills in diagnostic interviewing, psychological assessment, risk assessment, treatment planning, individual and group psychotherapy, the application of evidence-based treatment paradigms to the unique needs of Veterans with serious mental illness and other forms of mental illness (PTSD, mood disorders, anxiety disorders), and consultation with other disciplines and liaison across sites of care. Psychotherapy training includes opportunities to develop short-term cognitive behavioral and motivational interviewing techniques to address issues of substance abuse/dependence and dual diagnosis, and to selectively apply different psycho-therapeutic approaches (CBT, DBT, relational-psychodynamic) to address Veterans' core symptoms and more enduring life issues over the course of their treatment. The intern assumes a significant role in the treatment process, and confronts complex interdisciplinary system dynamics and ethical and medical-legal dilemmas. Intensive supervision is provided to help interns develop competence and professional identity in these settings.

To enhance the intern's training, there are several rotation-specific didactic components offered in conjunction with this rotation. First, the inpatient psychologists provide a monthly clinical case conference, which engages the intern and current faculty (Drs. AhnAllen, Pepple, Topor, and Walton) in a discussion of complex clinical assessments, individual and group therapy cases, and consulting practices. Topics include review of the literature related to psychological tests and evidence-based practices of psychotherapy and continuity of care that are relevant on an inpatient setting. Second, the intern also has the opportunity to attend the Brockton VAMC Psychiatry Grand Rounds, which occurs on a regular basis throughout the year.

Clinical Experience

The training model for this rotation has been developed to provide the intern

the opportunity to be involved in assessment and treatment of Veterans in the acute setting, and then to follow them through subsequent stages of their treatment in the continuum of care. Within this structure, the intern develops comprehensive, individualized case conceptualizations and diagnostic formulations of the Veterans they work with over the entire course of their treatment in these different settings, with each phase of evaluation and treatment building on the next. This provides the intern the opportunities for consolidating her/his understanding of the different phases of treatment and developing the different skills and interventions appropriate to these different treatment phases.

Overall, the intern spends three days (Monday, Thursday, Friday) working in Inpatient Mental Health programs, and one day per week (Tuesday) at the PRRC. A single day of the week (Wednesday) is devoted to other training requirements, including the intern's adjunctive training experiences and supervision, activities devoted to scholarly inquiry, travel time to the Jamaica Plain campus, and Wednesday afternoon intern didactics.

- ◆ **Inpatient Mental Health:** The Inpatient Mental Health Service includes four inpatient units with a total of 28 beds on each unit; two of the inpatient units are devoted to acute care while the other two units are devoted to transitional psychiatric care. The intern spends the majority of her/his time in this setting, with training based on one of the acute inpatient mental health teaching wards and one of the transitional inpatient units. The intern gains experience working with Veterans with serious mental illness who represent the full spectrum of psychopathology and functional impairment, including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, personality disorders, co-morbid neurological disorders, and military-related polytrauma. Veterans in this setting may also experience significant problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence risk are also characteristic problems the intern confronts in this setting. Veterans range in age from 18-90 and represent a variety of racial backgrounds, including African-American, Asian-American, Hispanic, Native-American, and White. Although the majority of the Veterans are

male, there are ample opportunities for the intern to work with female Veterans, both on the Women's sub-unit (an 8-bed wing of one acute unit), and on the transitional unit affiliated with this rotation. Opportunities may also exist to work with Veterans who self-identify as transgender.

The intern sees three Veterans for individual therapy (each two times/week) on the acute inpatient ward supervised by Dr. Pepple, and two to three Veterans for individual therapy once per week on the longer stay transitional unit supervised by Dr. Walton. Evidence-based practices include psychoeducation, motivational enhancement therapy, crisis intervention, Seeking Safety, DBT, and CBT, including targeted interventions for dissociation (e.g., use of grounding techniques) and auditory hallucinations. The intern may also have the opportunity to work with Dr. Walton doing Motivational Enhancement Therapy with Veterans on the detox unit. The intern runs a managing emotions group two times per week applying principles and methods of motivational interviewing, CBT, DBT, and mindfulness, one session leading and the other session co-leading with Dr. Pepple. The intern also runs a group devoted to the introduction to mindfulness practices.

The intern attends interdisciplinary treatment team rounds once a week on the acute unit with Dr. Pepple and contributes to ongoing team evaluations and treatment planning.

Christopher AhnAllen, Ph.D. will provide supervision for psychodiagnostic and risk assessments in the inpatient setting. The intern is expected to complete one to two

comprehensive assessments each month within the Acute Inpatient Mental Health Service. These evaluations are provided for psychiatric inpatients following consultative requests by interdisciplinary treatment teams to assist with inpatient and outpatient treatment planning and determinations of discharge readiness. Objective tests of personality, psychosis, affective disorder, diagnosis, risk, and validity include: Minnesota Multiphasic Personality Inventory (MMPI-2), Millon Clinical Multiaxial Inventory (MCMI-3), Beck Depression Scale-2 (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), and Personality Assessment Inventory (PAI). The Structured Inventory of Malingered Symptomatology (SIMS) will be used to assess the degree of malingering of psychopathology and neuropsychological functioning. The International Personality Disorders Examination (IPDE) will be utilized to assist in clarifying the presence or absence of Axis II disorders. Additional validated and structured instruments to assess psychopathology may include other scales as indicated, for example, the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), the Dissociative Experiences Scale, Mood Disorder Questionnaire, and the PTSD Checklist. For assessment of suicide and homicide risk, in addition to a clinical interview, the Beck Depression Inventory II (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), MMPI-2, PAI, and HCR-20 will be utilized by the intern to assist in conceptualizing and estimating level of risk. For complicated cases requiring additional assessment approaches, including

use of empirically validated applications of the Exner Rorschach, Dr. Pepple will also serve in a consultative role.

- ◆ **The Psychiatric Rehabilitation and Recovery Center (PRRC):** The PRRC is a recovery-oriented, 5 day/week outpatient treatment program for Veterans with serious mental illness (SMI). The PRRC utilizes an innovative interdisciplinary treatment approach with a growing research base which seeks to empower clients to begin the task of reclaiming their own efficacy and rediscovering how to take on the responsibilities of life. The recovery model within SMI and the PRRC employs a clinical approach to empower Veterans with major mental illness to recover from mental illness symptoms, develop models to identify and cope with symptoms to avoid relapse, and define and achieve goals for enrichment in the community that redefines them as citizens and not merely as patients. Hence, the goal of the PRRC is to enhance functional abilities so that the Veterans can develop inner capacities and strengths, improve health and mental health, and interact more productively with other Veterans, clinicians, peer support specialists, and people in the community.

This is accomplished by helping Veterans choose from a variety of groups across five days that build skills and coping capacities. There are also opportunities to work on individual issues and integrate the PRRC care with SMI treatment that may include case management, medication management, community residential center consultations, and individual psychotherapy.

The psychologist in the PRRC, David Topor, Ph.D., helps the intern learn and implement these approaches, which include Illness Management and Recovery, emotion regulation, and social skills training. There is also a growing literature on cognitive-behavioral treatment with Veterans with psychotic symptoms. Using motivational interviewing, cognitive behavioral methods, psychotherapy anxiety treatment protocols, and aspects of Acceptance and Commitment Therapy (ACT), the intention is to facilitate the intern's contributions and interventions towards the acquisition of skills and abilities by Veterans with major mental illness, understand the obstacles to recovery, and to interact with Veterans and clinicians to build a team approach to solving these complex issues.

The intern works one day per week (Tuesday) at the PRRC, supervised by Dr. David Topor. The intern leads or co-leads at least one group in this setting, and sees two Veterans per week for individual therapy to help Veterans implement recovery principles, initiate treatment plans, and engage in treatment to achieve goals. There is an expectation that interns engage in intake interviews to learn the process of initial assessment and determine how the veteran may best benefit from the PRRC program. One hour per week of supervision on the PRRC will be provided by Dr. Topor.

- ◆ Summary: Interns will find their experience on this rotation to be intense and challenging, but very rewarding. The intern is expected to assume an individual therapy caseload of

approximately 4-5 Veterans on inpatient and two Veterans in the PRRC program, lead or co-lead a total of 4-5 groups per week, and complete 1-2 two comprehensive psychological assessments per month. Ample supervision is provided (approximately five hours per week).

Supervision

Christopher
AhnAllen, Ph.D.,
John Pepple, Ph.D.,

and Heather Walton, Ph.D. will provide supervision for individual and group therapy and for assessment in the Inpatient Mental Health Programs, and David Topor, Ph.D., will provide psychotherapy supervision in the PRRC. Dr. Pepple bases his conceptual understanding on the integration of multiple theoretical perspectives, including cognitive-behavioral models, relational-psychodynamic models, and knowledge of neuropsychological functioning as it relates to the onset, development, and rehabilitation and treatment of Veterans with complex biopsychosocial problems. Drs. AhnAllen and Walton integrate relevant CBT and other evidence-based practices with their psychodynamic and interpersonal psychotherapy backgrounds. Dr. Topor supervises primarily from a cognitive behavioral perspective, using a range of evidence-based interventions. In general, psychotherapy supervision is provided from an integrated treatment perspective wherein interventions (e.g., motivational interviewing, Seeking Safety, CBT, DBT, psychodynamic) are selected depending on the unique treatment needs of the Veterans.

Selection Criteria

Candidates with a strong interest in assessment and treatment of Veterans with serious mental illness should apply. The successful applicant will have a broad range of psychotherapeutic experience. Some prior experience in psychodiagnostic testing and integrated test report writing is desirable.

Prior testing experience using multiple testing measures (e.g. cognitive; objective personality measures such as the MMPI-II, MCMI, PAI; and projective measures, e.g., Exner Rorschach) is also useful, but not required. It is not necessary to have had previous inpatient experience or a specific theoretical orientation.

Research

Dr. AhnAllen chairs an Inpatient Mental Health

Treatment Outcome Project, which aims to improve treatment outcomes on the Acute Inpatient Units by implementing standardized assessment measures at admission and discharge with the goal of (a) quantifying change in psychiatric symptoms and daily functioning using the BASIS-24 (Behaviour and Symptom Identification Scale-Revised), an empirically-supported self-report measure of psychopathology and functioning, (b) identifying Veteran- and treatment-specific factors associated with favorable treatment outcomes, and (c) developing a plan to maximize favorable treatment outcomes. The intern would have the opportunity to participate in the data analysis and preparation of results from the Inpatient Mental Health Treatment Outcome Project.

Additional opportunities include work with a database developed by Dr. Phil Kleespies and Dr. AhnAllen of over 200 self-injury attempts within the VA between 2005 and 2008. The database includes, in part, demographic information, psychopathology, Veterans' ratings of intent to die, lethality of attempt, and staff ratings of Veterans' intent to die. Opportunities exist for data analysis, manuscript preparation and redesign/ implementation of the next iteration of the project. This project is also undergoing a follow-up study to determine outcomes within Veterans who have engaged in intentional self-injury.

Interns will also be offered the opportunity to collaborate on review papers in the area of schizophrenia and substance use. The intern may also collaborate on future studies of the motivation to quit smoking on the inpatient service, or on a follow-up study investigating the utility of mindfulness approaches in an inpatient setting. Previous interns have also engaged in individualized case-study and feasibility research projects during their training experience within this rotation.

Dr. Walton does not have a formal program of research but usually is involved in at least one study, paper, or program evaluation regarding aspects of diversity. Dr. Walton serves as the chairperson of the hospital-wide diversity committee and as a member of the hospital's transgender treatment team. These committees benefit from program and treatment evaluations. Interns inside or outside of the Therapeutic Recovery rotation are more than welcome to join these efforts.

Select recent publications from this rotation:

Walton, H.M., Chow, L., **Topor, D.R., Pepple, J.R.,** Fish, S., & **AhnAllen, C.G.** (in press). Treatment of women veterans with posttraumatic stress disorder and serious mental illness in an inpatient mental health treatment setting: A case study. *Women & Therapy*.

Kleespies, P.M., **AhnAllen, C.G.,** & Adler, A. (in press). Suicide risk assessment with combat veterans. In L. James, B. Bongar & G. Sullivan (Eds.), *Suicidal Behavior in Military and Veteran Populations*. Oxford University Press.

Topor, D. R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Journal of Social Work with Groups*, 36, 222-235.

Kymalainen, J. A., Henze, K. T., DeLuca, M., Mitton, T. A., **Walton, H. M.,** Duffy, P., Pinsky, J. (2010). Are we there yet? The four-year impact of a VA fellowship program on the recovery orientation of rehabilitation programs. *Psychiatric Rehabilitation Journal*, 33, 320-327.

Tidey, J.W., Rohsenow, D.J., Kaplan, G.B., Swift, R.M., & **AhnAllen, C.G.** (2013). Separate and combined effects of very low nicotine cigarettes and nicotine replacement in smokers with schizophrenia and controls. *Nicotine and Tobacco Research*, 15, 121-129.

AhnAllen, C.G. (2012). The role of the $\alpha 7$ nicotinic receptor in cognitive processing of persons with schizophrenia. *Current Opinion in Psychiatry*, 25, 103-108.

AhnAllen, C.G., Liverant, G.I., Gregor, K.L., Kamholz, B.W., Levitt, J.J., Gulliver, S.B., Pizzagalli, D.A., Koneru, V.K., & Kaplan, G.B. (2012). The relationship between reward-based learning and nicotine dependence in smokers with schizophrenia. *Psychiatry Research*, 196, 9-14.

Kleespies, P.M., **AhnAllen, C.G.,** Knight, J.A., Presskreischer, B., Barrs, K.L., Boyd, B.L., Dennis, J.P. (2011). A study of self-injurious and suicidal behavior in a veteran population. *Psychological Services*, 8, 236-250.

AhnAllen, C.G., Tidey, J.W. (2011). Personalized smoking environment cue reactivity in smokers with schizophrenia and controls: a pilot study. *Psychiatry Research*, 188, 286-288.

Adolfo, A.B., **AhnAllen C.G.,** Tidey, J.W. (2009). Effects of smoking cues on caffeine urges in heavy smokers and caffeine consumers with and without schizophrenia. *Schizophrenia Research*, 107, 192-197.

AhnAllen, C.G., Nestor, P.G., Shenton, M.E., McCarley, R.W., & Niznikiewicz, M.A. (2008). Early withdrawal and nicotine patch effects on neurocognitive performance in schizophrenia. *Schizophrenia Research*, 100, 261-269.

Overview

The Neuropsychology rotation provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. Interns will demonstrate a highly-developed level of competence in clinical neuropsychology (NP) as well as the education and training necessary for postdoctoral fellowship. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology and aims to prepare trainees for board certification in clinical neuropsychology.

The intern works with the supervisor to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Interns use a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, integrating research with clinical practice.

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough

medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the “Boston Process Approach,” in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, interns also gain an understanding and appreciation for empirically-demonstrated qualitative aspects of test performance (e.g., error types), and the unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, the patient and the patient’s family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Interns learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidence-based psychoeducational interventions, as appropriate.

Clinical Experience

This rotation provides experience in a number of clinical settings, allowing the intern to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, interns will be involved in the clinical interview, administration, data scoring, report writing, patient feedback, and multidisciplinary team

consultation/collaboration. Interns will provide clinical services within most of the settings described below, though duration of time dedicated to each service is not equal. Interns typically complete three neuropsychological assessments per week, two of which are briefer (2-3 hour) evaluations. There may also be opportunity to gain exposure to the Neurological exam and provide consultative services to Neurologists within the VA Boston Epilepsy Division and/or Memory Disorders Clinic. Interns are primarily at the Jamaica Plain Campus, although frequently spend one or occasionally two days per week at the West Roxbury campus. Travel to the Brockton campus is optional.

- ◆ **Neuropsychology Consult Service (NCS):** Interns serve as consultants and provide assessments as part of the neuropsychology consult service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, LD, stroke, traumatic brain injury and dementia. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. The majority of evaluations are completed at the Jamaica Plain Campus. Neuropsychological evaluations may also be completed through Neurology (e.g., Long-Term Monitoring on the Epilepsy unit) at West Roxbury.

In addition to the standard long-term therapy cases required by the internship, the neuropsychology intern provides neuropsychology-specific time-limited interventions within the rotation through the

NCS. Opportunities for neuropsychology-specific interventions include psychoeducational/cognitive rehabilitation interventions (individual and group co-leadership). The intern selects one or two groups to co-lead during this eight-month rotation. Current groups include Memory and Aging, Healthy Brain Group (veterans with moderate-severe TBI, epilepsy, stroke, brain tumor), ADHD, and Epilepsy Support Group.

Jamaica Plain campus primarily; some evaluations at West Roxbury campus.

- ◆ **Geriatric Research Education and Clinical Center (GRECC) Clinic:** The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. Most GRECC assessments involve 1-2 hours of testing. The trainee is responsible for the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team.
West Roxbury campus.
- ◆ **Polytrauma Clinic:** The Polytrauma Network System of Care was developed in response to the growing number of individuals returning from deployment as part of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). This VA network is dedicated to providing care to new veterans and addressing the unique healthcare needs

of these returning soldiers. Of specific concern for neuropsychologists is the exposure to blast munitions during deployment (e.g., Improvised Explosive Device (IED) or Rocket Propelled Grenade (RPG)) and the direct and indirect impact of these exposures to brain function. Additionally, issues related to trauma exposure and readjustment are common for this patient population. Neuropsychology trainees serve as part of the multidisciplinary Polytrauma clinical team that also includes a psychiatrist and social worker. Interns will provide cognitive and mental health screenings to outpatients seen by that service and contribute to treatment planning. The brief screenings are designed to quickly assess for mood and trauma as well as possible history of traumatic brain injury.

Jamaica Plain campus.

- ◆ **Inpatient:** West Roxbury and Brockton campuses of the VA Boston Healthcare System provide specialized inpatient care to the veterans of the Boston area. Frequently, the referring provider and medical team has some concern regarding the patient's cognitive functioning and ability to care for himself/herself following discharge from the hospital. Interns will complete approximately 4-8 inpatient evaluations through the Physical Medicine and Rehabilitation service (West Roxbury). These assessments are completed on an inpatient basis and include all aspects of the neuropsychological assessment (interview, test administration, test scoring, interpretation, and report writing). In this setting, the intern is frequently required to work very efficiently to provide feedback to the medical team. Interns may also elect to

complete neuropsychological evaluations in Inpatient Psychiatry (Brockton); these evaluations often include issues of differential diagnosis and capacity. Interns choosing to participate in our Brockton clinic will need a vehicle or would be encouraged to carpool, as the shuttle schedule will not provide sufficient time for this setting.

West Roxbury and Brockton campuses.

Supervision

Neuropsychology interns will have the opportunity to work with multiple neuropsychology supervisors during the 8-month rotation. Each intern is assigned one primary supervisor who is responsible for completing formal evaluations and providing general mentorship to the intern throughout the rotation. Although one primary supervisor is assigned, interns will also work closely with other primary supervisors, and may receive supervision from secondary supervisors as well. Interns will also gain exposure to supervision of practicum students.

Primary Neuropsychology Supervisors:

- ◆ Nikki Stricker, Ph.D., ABPP/CN, Neuropsychology Training Coordinator
- ◆ Laura Grande, Ph.D., Director of Neuropsychology Consult Service
- ◆ Deepa Acharya, Ph.D.
- ◆ Susan McGlynn, Ph.D., ABPP/CN

Secondary Neuropsychology Supervisors:

- ◆ William Milberg, Ph.D., ABPP/CN
- ◆ Scott Fish, Ph.D.
- ◆ Jennifer Vasterling, Ph.D.

Didactics

Neuropsychology offers a number of specialty specific

didactics. Well-known local and visiting scholars present at the neuropsychology and neuroimaging lecture series. These series are comprised of experts drawn primarily from the greater Boston cognitive neuroscience community, taking full advantage of the depth and breadth of relevant expertise centered at our university affiliates (Harvard and Boston University). Trainees also attend and present at the Neuropsychology Seminar series (weekly) that includes a combination of presentations from in-house faculty, student presentations, and journal club. Trainees are also encouraged to present at our monthly Neurobehavioral Rounds, which includes a case presentation and bringing the patient in to be interviewed by a senior discussant in front of the group.

Required:

- Neuropsychology Seminar Series – Approximately one hour per week.
- Neuropsychology & Neuroimaging Lecture Series – Two hours per month.
- Neurobehavioral Rounds – Approximately two hours per month.
- Neurology Memory Disorders Case Conference – One hour per week for 2-months.
- Epilepsy Conference – One hour per week for 2-months.

Optional:

- Neuroimaging Journal Club – One hour per month.
- Neuroimaging Tutorial Series – One hour per month.
- TBI and PTSD Journal Club – One hour weekly.
- Boston NeuroRehab Group – Two hours per month.

Selection Criteria

Internship training for Neuropsychology may take place within a

“Match” rotation (i.e., eight-month) or as part of the intern’s second (i.e., four-month) rotation. Three interns will Match with the Neuropsychology rotation, and another three interns will have the briefer (four-month) second-rotation training opportunity. Although not guaranteed, additional hours of neuropsychology training may be available for those interns who train in the Neuropsychology four-month rotation, typically through the 8-month Geropsychology and Rehabilitation rotations.

Applicants interested in Neuropsychology as an 8-month “Match” rotation should have experience administering, scoring and interpreting neuropsychological tests and have typically completed dedicated graduate coursework focused on brain behavior relationships. Applicants who seek academic careers and have a clear commitment to neuropsychology are strongly encouraged to apply for the 8-month rotation. Students who have developed a recent interest in neuropsychology, or those desiring less intensive training, can receive it through the four-month neuropsychology rotation. Interns participating in the 4-month rotation participate

in a subset of the clinical and didactic activities described above.

Research

Neuropsychology strongly encourages the scientist-

practitioner model and research opportunities reflect this training priority. Neuropsychology trainees have an abundance of funded projects to choose from that represent diverse aspects of neuropsychology, including the neuropsychology of aging and cerebrovascular risk factors, PTSD, TBI, MCI, memory disorders and test development / validation.

We have a strong group of 15+ research mentors, many of whom have nationally and internationally visible research programs. Available settings include several laboratories and major multi-project research centers (see below). These ongoing research programs provide interns with a variety of research opportunities including manuscript preparation, invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, development of new studies, and grant preparation.

Neuropsychology interns with strong research interests may consider requesting a research externship, which can be up to 8 hours of protected time under the mentorship of one of the 15+ neuropsychology faculty. Requirements for a research externship include defense of the dissertation and demonstrated efficiency in clinical work. The minimum direct service requirements for the general internship still apply, which may require some adaptation of the

activities described above. The mentoring supervisor meets weekly with the intern to provide guidance and supervision, and to monitor progress. For interns interested in pursuing this opportunity, a tailored research plan is developed in collaboration with the faculty supervisor. This plan outlines the specifics of the externship including the training goals and expectations.

♦ **Geriatric Neuropsychology Laboratory (GNL):**

The Geriatric Neuropsychology Laboratory which was founded in 1981 has been to home to a number of internationally known research efforts. The research laboratory includes multiple principal investigators. A variety of interests are represented within the laboratory and currently funded projects include: investigation of cardiovascular disease and frontal dysfunction in older African Americans; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease, dementia risk and MCI; classical learning in memory disordered patients and in dementia risk; delirium and cognitive function after coronary artery bypass surgery; and development of screening measures to identify cognitive impairment in the primary care setting. The GNL works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods. A number of ongoing research projects provide the intern with a variety of research opportunities.

Faculty: Co-Directors: William Milberg, Ph.D.; Regina McGlinchey, Ph.D., Investigators: Betsy Leritz, Ph.D.; David Salat, Ph.D.;

*Catherine Fortier, Ph.D.; Laura Grande, Ph.D.;
Nikki Stricker, Ph.D.; and James Rudolph, M.D.*

Foley, J., Salat, D.H., **Stricker, N.H.**, Zink, T.A., **Grande, L.J.**, McGlinchey, R.E., **Milberg, W.P. & Leritz, E.C.** (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias*, 29(3), 222-35. doi: 10.1177/1533317513517045.

Leritz, E.C., Shepel, J., Williams, V.J., Lipsitz, L.A., McGlinchey, R.E., **Milberg, W.P.**, & Salat, D.H. (2014). Associations between T1 white matter lesion volume and regional white matter microstructure in aging. *Human Brain Mapping*, 35(3), 1085-100. doi: 10.1002/hbm.22236.

Stricker, N.H., Salat, D.H., Foley, J.M., Zink, T.A., Kellison, I.L., McFarland, C.P., **Grande, L.J.**, McGlinchey, R.E., **Milberg, W.P. & Leritz, E.C.** (2013). Decreased white matter integrity in neuropsychologically-defined mild cognitive impairment is independent of cortical thinning. *Journal of the International Neuropsychological Society*, 19, 1-13. doi: 10.1017/S1355617713000660.

Jacobs, H.I., **Leritz, E.C.**, Williams, V.J., Van Boxtel, M.P., van der Elst, W., Jolles, J., Verhey, F.R., McGlinchey, R.E., **Milberg, W.P.**, & Salat, D.H. (2013). Association between white matter microstructure, executive functions, and processing speed in older adults: the impact of vascular health. *Human Brain Mapping*, 34(1), 77-95. doi: 10.1002/hbm.21412.

- ♦ **Neuropsychology of PTSD:** Interests include neuropsychological, psychological, and health outcomes of war-zone deployment and other military health risks (e.g., neurotoxins, traumatic brain injury). Most of these studies employ longitudinal methodology and have

been conducted within an epidemiological framework. There are opportunities to participate in: preparation of empirical publications, preparation of invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, data analysis of existing data bases, development of new studies, assistance in preparing grants, journal peer reviews.

Faculty: Jennifer J. Vasterling, Ph.D.; Susan P. Proctor, D.Sc.; Kevin Brailey, Ph.D., Brian Marx, Ph.D.; Laura Grande, Ph.D.; Lewina Lee, Ph.D., Anica Pless-Kaiser, Ph.D.

Aslan, M., Concato, J., Peduzzi, P.N., Proctor, S.P., Schnurr, P.P., Marx, B.P., McFall, M., Gleason, T., Huang, G.D., & **Vasterling, J.J.** (2013). Design of "Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study." *Journal of Investigative Medicine*, 61, 569-577.

Vasterling, J., Brailey, K., Proctor, S. P., Kane, R., Heeren, T., & Franz, M. (2012). Effects of mild TBI, PTSD, and depression on neuropsychological performance and functional health in Iraq-deployed U.S. Army soldiers. *British Journal of Psychiatry*, 201, 186-192.

Vasterling, J.J., Verfaellie, M., & Sullivan, K.D. (2009). Mild traumatic brain injury and posttraumatic stress disorder in returning veterans: Perspectives from cognitive neuroscience. *Clinical Psychology Reviews*, 29, 674-684.

Marx, B.P., Doron-Lamarca, S., Proctor, S. P., & **Vasterling, J.J.** (2009). The influence of pre-deployment neurocognitive functioning on post-deployment PTSD symptom outcomes among Iraq-deployed Army soldiers. *Journal of the International Neuropsychological Society*, 15, 840-852.

Marx B. P., Brailey K., Proctor S. P., MacDonald H. Z., Graefe A. C., Amoroso P. J., Heeren T., Vasterling J.J. (2009). Association of time since deployment, combat intensity and posttraumatic stress symptoms with neuropsychological outcomes following Iraq War deployment. *Archives of General Psychiatry*, 66, 996-1004.

♦ **Memory Disorders Research Center (MDRC):**

The MDRC studies memory using both neuropsychological and cognitive neuroscience approaches, with the goal of elucidating the cognitive and neural underpinnings of different forms of memory. The Center conducts cognitive neuropsychological studies of patients with MTL and frontal lobe lesions, clinical neuropsychological studies aimed at understanding the heterogeneity of cognitive and behavioral manifestations in TBI and anoxic brain injury, and neuroimaging studies of memory in healthy young and elderly individuals. There are opportunities to be involved in any of these approaches through active participation in ongoing studies, data analysis of existing data bases, and development of new studies. Interns are encouraged to attend weekly lab meetings, monthly patient rounds, and monthly research discussions.

Faculty: Mieke Verfaellie, Ph.D., Margaret Keane, Ph.D., Ginette LaFleche, Ph.D., Scott Hayes, Ph.D.

Grilli, M. D. & **Verfaellie, M.** (2014). Personal semantic memory: insights from neuropsychological research on amnesia. *Neuropsychologia*, 17(61), 56-64. doi: 10.1016/j.neuropsychologia.2014.06.012.

Race, E., LaRocque, K. F., Keane, M.M., and **Verfaellie, M.** (2013). Medial temporal lobe

contributions to short-term memory for faces. *Journal of Experimental Psychology: General*, 142, 1309-1322

Verfaellie, M., Lafleche, G., Spiro, A., & Bousquet, K. (2013). Neuropsychological outcomes in OEF/OIF veterans with self-report of blast exposure: Associations with mental health, but not mTBI. *Neuropsychology*, 28, 337-46.

Hayes, S.M., Salat, D., & Verfaellie, M. (2012). Default network connectivity in medial temporal lobe amnesia. *Journal of Neuroscience*, 32, 14622-14629.

Bogdanova, Y. & **Verfaellie, M.** (2012). Cognitive sequelae of blast-induced traumatic brain injury: Recovery and rehabilitation. *Neuropsychology Review*, 4-20.

♦ **Translational Research Center for TBI and Stress Disorders (TRACTS):** TRACTS is a Center of Excellence hosted by the VA Boston Healthcare System and funded by the VA Rehabilitation Research and Development Service (VARRDS). The mission of TRACTS is to promote multidisciplinary research that will lead to innovations in the diagnosis and treatment of the complex issues presented by the growing population of veterans who suffer the consequences of mTBI occurring in the context of stress-related emotional disorders. TRACTS provides a unique infrastructure to create synergy between investigators working in a number of scientific disciplines (including clinical neuropsychology; clinical psychology / psychiatry; translational basic science; and brain imaging). The TRACTS data repository which may be accessed for selected research project contains over 2000 behavioral, medical and demographic variables for over 400 prospectively enrolled participants, 150

with longitudinal data). In addition, the repository contains extensive quantitative neuroimaging information and in the near future will also contain data on over 500,000 genetic SNPs. We anticipate numerous opportunities for interns to develop research interests and skills related to the investigation of the joint effects of TBI and PTSD. TRACTS works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods.

Co-Directors: Regina McGlinchey Ph.D. and William Milberg, Ph.D.

- ♦ **VA Boston Healthcare System Neuroimaging Center (Jamaica Plain):** The VABHS Neuroimaging Center (or as it is known locally "The Neuroimaging for Veterans Center" or NERV) aims to elucidate the neural consequences of conditions affecting veterans from every cohort and generation served by the VA. Current research includes traumatic brain injury, posttraumatic stress disorder, aging, and mild cognitive impairment. The Center is equipped with a Siemens 3 Tesla MRI scanner with 32 Channel Head Coil capable of advanced structural and functional brain imaging. NERV is supported by an advanced computer infrastructure that is used for the quantitative analysis and storage of large neuroimaging datasets as well as a range of hardware and software for physiological monitoring and the presentation of auditory and visual stimuli for cognitive and sensorimotor studies of brain function. Center investigators are active across a diverse assortment of research projects

including studies of anatomy, neurodegeneration, cognition, and emotion regulation in conditions affecting veterans. The center also supports an integrated Transcranial Magnetic Stimulation laboratory.
Faculty: David Salat, Ph.D., Elizabeth Leritz, Ph.D., Mike Esterman, Ph.D., Jasmeet Hayes, Ph.D., and Scott Hayes, Ph.D.

- ♦ **Boston Attention and Learning Laboratory (Jamaica Plain):** In the BALLAB, we study the cognitive and neural mechanisms of attention as well as the potential for enhancing attentional abilities through cognitive training. To gain insights from multiple perspectives, we perform behavioral, neuroimaging (functional MRI), neurostimulation (TMS, tDCS) and cognitive training experiments in healthy subjects and disordered populations (i.e., hemispatial neglect, TBI, PTSD, prosopagnosia). The BALLAB works closely with the VA Research Neuroimaging Center, as well as the Translational Research Center for TBI and Stress Disorders (TRACTS). The lab has multiple research assistants and post-docs, and there are numerous opportunities for interns to develop their research interests in cognitive neuroscience and neurorehabilitation across a range of clinical populations with attentional impairments.
Faculty: Joseph DeGutis, Ph.D. and Michael Esterman, Ph.D.

Esterman M., Rosenberg M. D. & Noonan, S. K. (2014). Intrinsic fluctuations in sustained attention and distractor processing. *Journal of Neuroscience*, 34(5),1724-30. doi: 10.1523/JNEUROSCI.2658-13.2014.

Rosenberg, M., Noonan, S., **DeGutis, J. & Esterman, M.** (2013). Sustaining visual

attention in the face of distraction: a novel gradual-onset continuous performance task. *Attention, Perception, and Psychophysiology*, 75(3), 426-39. doi: 10.3758/s13414-012-0413-x.

Esterman, M., Noonan, S.K., Rosenberg, M. & **Degutis, J.** (2013). In the zone or zoning out? Tracking behavioral and neural fluctuations during sustained attention. *Cerebral Cortex*, 23(11), 2712-23. doi: 10.1093/cercor/bhs261. Epub 2012 Aug 31.

- ♦ **Center for Translational Cognitive Neuroscience (Jamaica Plain):** The CTCN studies memory with the goals of using cognitive neuroscience research to improve the lives of individuals with cognitive brain disorders. We also endeavor to build bridges between cognitive neuroscience research and investigators using other research techniques, and educate clinicians and scientists in cognitive neuroscience and how it can be applied to brain disorders. Our research uses the techniques of experimental psychology and cognitive neuroscience to understand memory and memory distortions in patients with Alzheimer's disease, mild cognitive impairment, and brain trauma. Current projects include using music or strategies to enhance memory, using ERPs (event-related

potentials) as a biomarker to detect and track disease progression, and using questionnaires to evaluate a care coordination intervention from the Alzheimer's Association. Lab members are all encouraged to attend weekly lab meetings on Wednesday afternoons, and to participate in ongoing studies. Opportunities exist for the motivated and/or experienced intern or fellow to lead a small project or write a review paper.

Faculty: Andrew Budson, M.D., Maureen O'Connor, Ph.D., Michael Tat, Ph.D.

Waring J.D., Seiger, A.N., Solomon, P. R., **Budson, A.E.**, & Kensinger, E.A. (In press). Memory for the 2008 presidential election in healthy ageing and mild cognitive impairment. *Cognition and Emotion*.

Embree, L.M., **Budson, A E.**, & Ally, B.A. (2012). Memorial familiarity remains intact for pictures but not for words in patients with amnesic mild cognitive impairment. *Neuropsychologia*, 50(9), 2333-40.

Simmons-Stern, N.R., Deason, R.G., Brandler, B.J., Frustace, B.S., **O'Connor, M.K.**, Ally, B.A., & **Budson, A.E.** (2012). Music-based memory enhancement in Alzheimer's disease: promise and limitations. *Neuropsychologia*, 50(14), 3295-303.

Overview

The PTSD clinic is located at the Jamaica Plain campus of VA Boston Healthcare System. The PTSD clinic is an outpatient mental health program specializing in the assessment and treatment of PTSD and comorbid disorders in male veterans, and it is affiliated with the Behavioral Science Division of the National Center for PTSD. Interns in the PTSD rotation receive extensive training and experience with evidence-based assessment and therapy for PTSD and comorbid problems (e.g., BPD, substance use disorders, other anxiety and mood disorders), and they also have the opportunity to participate in research with Behavioral Science Division staff. At the beginning of every rotation, interns are presented a series of training didactics on the assessment and treatment of PTSD. The didactics include presentations on:

- Use of the Clinician Administered PTSD Scale (CAPS-5);
- Cognitive-behavioral methods of treating a range of problems in traumatized veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Seeking Safety;
- Psychometric evaluation;
- PTSD and Substance Abuse;
- Phenomenology of Military Sexual Trauma (MST) and VA's response;
- Intimate Partner Violence (IPV);
- Effectively engaging patients in trauma-focused therapy;
- Phenomenology of war-zone trauma.

Clinical Experience

♦ **Assessment:** All veterans who present for treatment are assessed before assignment. Veterans who present with a complex symptomatology are provided with comprehensive multidimensional psychological evaluations. Methods include information gathered through structured and unstructured clinical interviews and psychological tests. The clinic conducts assessment using a case conceptualization approach. Thus, assessment focuses on differential diagnostic formulation, target identification, and prioritization of targets for intervention.

- ♦ **Treatment:** The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation. The PTSD clinic uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-term needs. Interns learn to flexibly apply skills to target various needs of veterans with PTSD, including, but not limited to: (a) stabilization (e.g., crisis intervention), (b) psycho-education about PTSD, (c) skills (e.g. stress management, anger management, sleep hygiene) (d) cognitive behavioral therapy (e.g., Prolonged Exposure, Cognitive Processing Therapy), (f) therapy for comorbid diagnoses (e.g. Seeking Safety and DBT).

Interns provide individual psychotherapy. Interns also co-lead various psychotherapy groups with staff members or other trainees.

♦ **Case Conference and Clinical Team Meetings:**

In addition to supervision there are two forums to discuss the clinical process with staff. Starting the second month of the rotation, interns present their cases in a twice monthly case conference. Interns present two cases during the major rotation and one case in the minor rotation. The series provides a forum for interesting and useful discussion of salient assessment, clinical management, and treatment issues. The Clinical Team meeting takes place every other week. This is a more informal setting to discuss cases as part of a working team and to become an integrated member of the PTSD Clinic.

- ♦ **Consultation to the Medical Center:** Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as providing consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient setting who need outpatient services upon their discharge from the inpatient unit.

- ♦ **Supervision Experience:** Interns are provided supervision experience when practicable through supervision of practicum trainees in the clinic. These supervision experiences are overseen by one of the licensed providers in the clinic. Although this is a valuable

experience that we strive to provide, it is not something that we can guarantee as the ratio of various trainees changes from year to year.

Supervision

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns' progress in the program. Additional supervisors are assigned for weekly assessment intakes and for group psychotherapy. In addition, supervision for research or for individual assessment or treatment cases is also available from other staff or through outside professional consultants on an as-needed basis.

Research

Interns have the opportunity to become involved in ongoing clinical research activities. The intern's level of involvement can vary from a limited role in an ongoing project up to, and including, the design and implementation of their own project. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, psychophysiology of PTSD, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about extent of research

involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.

Select recent publications from our Behavioral Science Division staff:

Constans, J. I., Kimbrell, T. A., Nanney, J. T., **Marx, B. P.**, Jegley, S., & Pyne, J. M. (2014). Overreporting bias and the modified stroop effect in OEF/OIF veterans with and without PTSD. *Journal of Abnormal Psychology, 123*, 81-90.

Farchione, T. F., Fairholme, C. F., Ellard, K. K., Boisseau, C. L., Thompson-Hollands, J., Carl, J. R., **Gallagher, M. W.**, & Barlow, D. H. (2012). The unified protocol for the transdiagnostic treatment of emotional disorders: A randomized controlled trial. *Behavior Therapy, 45*, 666-678.

Gallagher, M. W. & Resick, P. A. (2012). Mechanisms of Change in Cognitive Processing Therapy and Prolonged Exposure Therapy for Posttraumatic Stress Disorder: Preliminary Evidence for the Differential Effects of Hopelessness and Habituation. *Cognitive Therapy and Research, 36*, 750-755.

Hayes, J. P., LaBar, KS, McCarthy, G, Selgrade, E, Nasser, J, Dolcos, F, VISN 6 Mid-Atlantic MIRECC workgroup, Morey, RA (2011). Reduced hippocampal and amygdala activity predicts memory distortions for trauma reminders in combat-related PTSD. *Journal of Psychiatric Research, 45*, 660-669.

Holowka, D. W., **Marx, B. P.**, Gates, M. A., Litman, H. J., Ranganathan, G., Rosen, R. C., & **Keane, T. M.** (2014). PTSD diagnostic validity in Veterans Affairs electronic records of Iraq and Afghanistan Veterans. *Journal of Consulting and Clinical Psychology, 82*, 569-579.

Keane, T.M., Chaudhry, B., Docherty, J.P, Jesse, R.L, Lee, J., McNurlen, J., & Zeller, E. (2013) Caring for returning veterans: Mental health needs. *Journal of Clinical Psychiatry, 74*, 1-7.

Keane, T.M. & Najavits, L. (2013) Does complex trauma exist? A long view based on science and service. *Journal of Clinical Psychology, 69*, 510-515.

Kuo, J. R., **Kaloupek, D. G.**, & Woodward, S. H. (2012). Amygdala volume in combat-exposed veterans with and without posttraumatic stress disorder: A cross-sectional study. *Archives of General Psychiatry, 69*, 1080-1086.

Knight, J., Kamholz, B., & **Keane, T.** (in press) Differences in Drinking Patterns, Occupational Stress, and Exposure to Potentially-Traumatic Events among Firefighters: Predictors of Smoking Relapse. *American Journal on Addictions*.

Konecky, B., Meyer, E.C., **Marx, B.P.**, Kimbrell, N.A., & Morissette, S.B. (in press). Using the WHODAS 2.0 to assess functional disability associated with mental disorders for DSM-5. *American Journal of Psychiatry*.

Marx, B. P., Bovin, M. J., Suvak, M. K., Monson, C. M., **Sloan, D. M.**, Fredman, S. J., Humphreys, K. L., **Kaloupek, D. G.**, & **Keane, T. M.** (2012). Concordance between physiological arousal and subjective distress among Vietnam combat veterans undergoing challenge testing for PTSD. *Journal of Traumatic Stress, 25*, 416-425.

Overview

The Spinal Cord Injury Program of the VA Boston Healthcare

System serves as a regional spinal cord center as a part of the “Hub and Spokes” model of care for VISN 1 (VA in New England) and is one of the premier, pioneering centers in the field of Spinal Cord Medicine, with over fifty years of experience and continuous service. Comprehensive care is provided to patients to improve their health and functional abilities, and maintain quality of life from onset of injury throughout their life.

The Rehabilitation Psychology rotation provides interns with experiences in the SCI service to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with Division 22 standards of American Psychological Association and the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology). Rehabilitation Psychology is an area of psychological practice concerned with assisting individuals with disabilities (congenital or acquired) in achieving optimal psychological, physical, and social functioning.

This rotation focuses on the entire network of biological, psychological, social, neuropsychological, environmental, and political-advocacy factors that affect the functioning of persons with disabilities, all operating from a scientist-practitioner model. Supervisors function as clinical-academic mentors and interns will have opportunities to be active in areas of clinical practice, clinical research, advocacy, team building, documentation and education relating to being a professional psychologist within an interdisciplinary team. The approach is patient centered with an appreciation for diversity and

individual strengths. Training in rehabilitation psychology incorporates scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease in order to promote and optimize mental and physical health and global life satisfaction for veterans with Spinal Cord Injury / Dysfunction (SCI/D).

Strengths of the rotation include opportunities to implement the biopsychosocial model in the context of an interdisciplinary team that includes physicians, social work, nursing, occupational therapy, physical therapy, speech and language pathology, therapeutic recreation, kinesiotherapy, nutrition, pharmacy and case management. Ongoing consultation occurs with team members and patients formally and informally. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.

The Rehabilitation Psychology rotation emphasizes closely supervised clinical experiences in inpatient and outpatient settings through the provision of psychological services to individuals with both acute and chronic disabilities within the SCI/D Service continuum of care. Building upon prior experiences and skills, the intern utilizes supervision and clinical experiences to further develop the provision of psychology services with increased professional autonomy. Interns who complete an 8-month rotation should achieve a proficiency in rehabilitation psychology practice at the internship level, while interns who complete a 4-month rotation will gain exposure and experience in the area of rehabilitation psychology. The training for both the four- and eight-month rotation interns may also include opportunities to provide time-limited supervision to trainees

Clinical Experience

The outlines of the Rehab Psychology rotation involve the primary training

setting at West Roxbury (three days per week), plus a fourth day at Brockton, and the fifth day of training is reserved for other training needs. The Rehabilitation Psychology intern works in three distinct clinical settings with veterans with SCI/D over the course of the rotation: an inpatient acute and general medical unit, outpatient clinic, and long-term Residential care. Clinical time will be roughly split with about 75% time inpatient care and 25% time with outpatient services and includes both individual and group sessions. There can be some flexibility according to the intern's interests and training needs. A unique aspect of the SCI/D service is a commitment to continuity of quality care from acute injury throughout the veteran's lifetime.

- ♦ **Inpatient Services Spinal Cord Injury, West Roxbury:** This service includes a CARF-accredited SCI inpatient program that provides intensive interventions in the disciplines of medicine, nursing, occupational therapy, physical therapy, speech and language pathology services, recreational therapy, social work, psychology, kinesiology, and psychiatry. Interns will have the opportunity to gain exposure to a wide range of clinical experiences relating to rehabilitation for individuals with SCI/D that fully encompass the application of the biopsychosocial model. This rotation provides systematic training in the application of psychological principles and techniques to treat mental health issues including depression, grief, anxiety, late-life PTSD, dementia, behavioral concerns; rehabilitation

issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. The possibilities in working at this service are exciting for interns with interests in acute adjustment issues relating to new and pre-existing disability, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization.

Supervisors: Melissa Amick, Ph.D., & Kysa Christie, Ph.D.

- ♦ **Outpatient Services Spinal Cord Injury, Brockton and West Roxbury:** The intern will serve as an integral part of the SCI Outpatient team through the provision of outpatient services to individuals who live in the community. As part of the medical team's comprehensive annual evaluation of all veterans with SCI/D in the community, psychosocial and cognitive screenings are also provided. Psychology serves as a significant team member in this clinic offering comprehensive screening assessments to identifying unmet needs. The intern will have the opportunity to follow patients and provide time-limited services on an outpatient basis (e.g., issues relating to adjustment to life changes, cognitive challenges, sleep, pain management, health promotion and psychoeducation, etc.). This rotation includes the same systematic training in the application of psychological principles and techniques to

treat mental health issues that are presented for the inpatient unit listed above.

Supervisors: Melissa Amick, Ph.D., Maggi Budd, Ph.D., M.P.H., ABPP, Kysa Christie, Ph.D., and John Otis, Ph.D.

- ◆ **Long-Term Residential Spinal Cord Injury, Brockton:** The interns at the Brockton campus learn the role of rehabilitation psychology as a member of an interdisciplinary team in the setting of a long-term residential medical unit. This unit maintains a very active inpatient census including 22 long-term, 6 transitional, and 2 respite care beds, which together provide the opportunity to gain exposure to a wide range of clinical experiences relating to rehabilitation for individuals with SCI/D that fully encompasses the application of the biopsychosocial model. This rotation includes the same systematic training in the application of psychological principles and techniques to treat mental health issues that are presented for the aforementioned settings listed in the other two training settings. The possibilities in working at this campus are exciting for interns with interests in team and staff development from a team model, effects of aging on chronic disability, rehabilitation, neuropsychology, capacity evaluations, chronic pain, crisis intervention, program evaluation, and staff and family issues.

Supervisor: Maggi Budd, Ph.D., M.P.H., ABPP.

Seminar

The rehabilitation psychology intern will be able to attend and

expected to present at the weekly SCI Education series, which reviews current medical, psychological, and complex cases in SCI. The intern participates in educational opportunities such as the monthly Schwartz Rounds and weekly Mental Health Ground Rounds and physician/fellow series. Interns have opportunities to attend other educational opportunities within aging offered through the Geropsychology team in VA Boston, Boston University School of Medicine, and Harvard hospitals.

Selection Criteria

The successful applicant will have had a minimum of one practicum experience with a medical population. Coursework and/or research in the areas of behavioral medicine, rehabilitation psychology, medical psychology, neuropsychology or any similar demonstration of interest and commitment to the field of rehabilitation psychology are beneficial. Previous exposure to cognitive or neuropsychological assessment is useful but not required.

Professional Activities

Interns who are interested have the opportunity to collaborate on a number of clinical research projects that are at various stages of development. Opportunities exist for assisting with and coordination of data collection and analysis, manuscript writing, and conference presentations. Additional experiences are often available to help with peer editing for professional journals. Scholarly

inquiry, program evaluation, dissemination and literature reviews relating to clinical cases are a regular part of this rotation.

Supervisors / Research

The rehabilitation psychology intern receives at least four hours of weekly

supervision, at least two hours of which are individual with the primary supervisor and in accordance with the intern's selected cases. The long-term therapy supervisor provides an additional hour of supervision. Interns also will have an opportunity to supervise practicum students on the Brockton campus.

- ♦ **Melissa Amick, Ph.D.:** Dr. Amick received her Ph.D. from the Clinical Psychology Program at Boston University. She then completed a two-year postdoctoral fellowship in medical rehabilitation neuropsychology at Memorial Hospital of Rhode Island (MHRI). She was a staff neuropsychologist within the department of Medical Rehabilitation at MHRI and a Clinical Assistant Professor in the Department of Psychiatry at the Warren Alpert School of Medicine at Brown University. She joined VABHS in 2009 and divides her time between the provision of psychology services at the West Roxbury Division of the SCI/D program and her research in the area of neurocognitive changes in deployment-related medical and psychological conditions. Dr. Amick employs psychophysical methods, cognitive neuroscience tools, neuropsychological measures, and virtual reality technology. Her research has been funded by the Military Suicide Research Consortium, Rehabilitation

Research and Development Service, the National Academy of Neuropsychology, and the Michael J. Fox Foundation.

Recent publications include:

Amick, M. M., Clark, A., Fortier, C. B., Esterman, M., Rasmusson, A. M., Kenna, A., Milberg, W. P., & McGlinchey, R. (in press). PTSD Modifies Performance on a Task of Affective Executive Control among Deployed OEF/OIF Veterans with Mild Traumatic Brain Injury. *Journal of the International Neuropsychological Society*.

Fortier, C. B., **Amick, M. M.,** Grande, L., McGlynn, S., Kenna, A., Morra, L., Clark, A., Milberg, W. P., & McGlinchey, R. E. (in press). The Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) Semistructured Interview: Evidence of Research Utility and Validity. *Journal of Head Trauma Rehabilitation*.

Amick, M. M., Miller, I. N., Neargarder, S., & Cronin-Golomb, A. (in press) Web-based assessment of visual and visuospatial symptoms in Parkinson's disease. *Parkinsons Disease*.

Amick, M. M., Kraft, M., & McGlinchey, R. (in press). Driving Simulator Performance of Veterans from the Iraq and Afghanistan Wars. *JRDD*.

Amick, M. M., Vasterling, J.J., & Homaifar, B. (in press). Traumatic Brain Injury. *Military Psychologists' Desk Reference* Eds. Barnett, J.E & Moore, B.A.

- ♦ **(Margaret) Maggi Budd, Ph.D., M.P.H., ABPP:** Rehabilitation Neuropsychologist, board certified by the American Board of Professional Psychology (ABPP), diplomate in Rehabilitation Psychology. Dr. Budd received her college and master's degree in

Educational Psychology from Edinboro University, master's degree in public health from North Texas Health Science Center, and Doctorate in Clinical Health Psychology from University of North Texas. Dr. Budd completed a two-year postdoctoral residency at Johns Hopkins School of Medicine in conjoint neuropsychology and rehabilitation psychology. Dr. Budd is Instructor at Harvard Medical School, Department of Psychiatry. She is director of the Rehabilitation Psychology program for VA Boston's program for practicum students and serves as Co-Chairperson for the Biomedical Ethics Committee for VA Boston. Dr. Budd serves as Chairperson on the Academy Research Committee for the Academy of Spinal Cord Injury Professionals (ASCIP). She is on the Board of Directors for the Massachusetts Neuropsychological Society (MNS) where she is chairperson for MNS' Educational Committee. Dr. Budd's current research interests are sexual health for individuals with chronic physical disability, neurocognitive effects and medical correlates with SCI/D, managing challenging patient behaviors, ethical and capacity issues concerning refusal of medical recommendations, and benefits for participants and volunteers involved in adaptive sports.

Recent publications include:

- Agbayani, Kristina & **Budd, M.A.** (2014). Biomedical ethics for end of life care. Poster presented at Harvard Medical School Psychiatry Research Day and Myself Lecture, Boston, MA, March 19.
- Budd, M.A.** (2013). Academy research initiatives: Past year and future directions. *Journal of Spinal Cord Medicine*, 36(5):399.

- Patten, C., & **Budd, M.A.** (2013). Testing neuropsychologists' knowledge of differentials for dementia. Poster presented at Massachusetts Neuropsychological Society's Annual Science Symposium, Boston, MA, June 4.
- Price, J.S., **Budd, M.A.**, & Krista M. Lisdahl, K.M. (2013). Marijuana use among emerging adults: Endophenotypes associated with the cannabinoid receptor gene (*CNR1*). Poster presented at Massachusetts Neuropsychological Society's Annual Science Symposium, Boston, MA, June 4.
- Patten, C., & **Budd, M.A.**, Zhan, E. (2013). Challenges for Medical Rehabilitation with Co-occurring Anoxic Brain Injury, Traumatic Brain Injury, and Spinal Cord Injury: A Case Study. Poster presented at Harvard Medical School Psychiatry Research Day and Myself Lecture, Boston, MA, April 11.
- Dixon, T., **Budd, M.A.**, Barnett, S.D., Njoh, E., & Ottomanelli, L. (2013). Lifetime history of TBI: Associated factors relating to vocational outcomes for individuals with SCI. Poster presented at the American Psychological Association, Division of Rehabilitation annual meeting, Jacksonville, FL, February 23-February 25.
- Patten, C., & **Budd, M.A.** (2013). Frontal Temporal Dementia (FTD): An Interactive Look at the Similarities and Differences with Other Neurodegenerative Diseases. Joint Sponsors: Harvard NeuroDiscovery Center & MGH Neurological Clinical Research Institute. Poster presented at Massachusetts Alzheimer's Disease Research Center & Boston University Alzheimer's Disease Center 26th Annual Poster Symposium. Boston, MA, February 8.
- Patten, C., & **Budd, M.A.** (2012). Sleep and spinal cord injury and traumatic brain injury. Poster presented at Spinal Cord Injury Medicine: 21st Annual Symposium, Boston, MA, Oct. 12.

Budd, M.A., & Hough, S. (2012). Clinical Implications of Olfaction for Neuro-psychologists. Poster presented at the annual conference for Academy of Spinal Cord Injury Professionals (ASCIP), Las Vegas, NV, Sept 3-5.

Patten, C., & **Budd, M.A.** (2012). Neuro-psychological Impact of Pesticide Exposure in Children. Poster presented at Massachusetts Neuropsychological Society's Annual Science Symposium, Boston, MA, June 5.

McPhelimy, C., & **Budd, M.A.** (2012). Differentiating delirium from dementia: Neuropsychological assessment and intervention. Poster presented at Harvard Medical School Psychiatry Research Day, Boston, MA, March 28.

Budd, M.A. & Yantz, C. (2011). *Rehabilitation Psychology*. In M. Gonzalez-Fernandez & J.D. Friedman (eds.), *Physical Medicine and Rehabilitation Pocket Companion*. New York: Demos Medical Publishing.

Budd, M.A., Kortte, K.B., Cloutman, L., Newhart, M., Gottesman, R.F., Davis, C., Heidler-Gary, J., & Hillis, A.E. (2010). The nature of naming errors in primary progressive aphasia versus acute post-stroke aphasia. *Neuropsychology*, 24, 5, 581-589.

Jackson, S., & **Budd, M.A.** (2010). *Process and outcome variables of a program for educational enhancement for SCI residents*. Poster presented at the American Psychological Association, Division of Rehabilitation Psychology annual meeting, Tucson, AZ, February 25-February 28.

♦ **Kysa Christie, Ph.D.** Dr. Christie received her doctorate in Clinical Psychology from the University of Southern California. She completed her internship at the UCLA Semel Institute for Neuroscience & Human Behavior (formerly known as NPI). Following this she

completed a Psychology fellowship with an emphasis in Palliative Care at the VA Palo Alto. She has been with the West Roxbury SCI unit since February of 2013. Her research and clinical interests are in health psychology, particularly working with patients and families coping with acute and chronic illness.

Recent publications include:

Christie, K. M., Meyerowitz, B.E., Stanton, A. L., Rowland, J. H., Ganz, P. A. (2013). Characteristics of breast cancer survivors that predict partners' participation in research. *Annals of Behavioral Medicine*. doi: 10.1007/s12160-013-9477-7.

Christie, K. M., Meyerowitz, B. E., Giedzinska-Simons, A., Gross, M., Agus, D. B. (2009). Predictors of affect following treatment decision-making for prostate cancer: Conversations, cognitive processing, and coping. *Psycho-Oncology*, 18: 508 - 514.

Meyerowitz, B.E., **Christie, K. M.,** Stanton, A. L., Rowland, J. H., Ganz, P. A. (2012). Men's adjustment after their partners complete treatment for localized breast cancer. *Psychology of Men & Masculinity*, 13, 400 – 406.

Christie, K. M., Meyerowitz, B. E., Maly, R. C. (2010). Depression and sexual adjustment following breast cancer in low-income Hispanic and non-Hispanic White women. *Psycho-Oncology*, 19: 1069 - 1077.

♦ **John Otis, Ph.D.:** is an Associate Professor of Psychiatry and Director of Medical Education for Psychiatry at Boston University School of Medicine. Dr. Otis completed his doctoral training in the Department of Clinical and Health Psychology at the University of Florida in 2000, specializing in the assessment and

treatment of chronic pain. He completed his internship and post-doctoral training at the VA Connecticut Healthcare system. He is actively involved in clinical research in chronic pain management. His areas of expertise are Health Psychology and the application of Cognitive Behavioral Therapy (CBT) to pain management. His research interests include the development of effective treatments for veterans with comorbid chronic pain and trauma.

Recent publications include:

Otis, J.D., Sanderson, K., Hardway, C., Pincus, M., Tun, C., Soumekh, S. (2013). A Randomized Controlled Pilot Study of a Cognitive Behavioral Therapy Approach for Painful Diabetic Peripheral Neuropathy. *Journal of Pain*.

Alschuler, K., & **Otis, J.D.** (2012). Coping Strategies and Beliefs about Pain in Veterans with Comorbid Chronic Pain and Significant Levels of Posttraumatic Stress Disorder Symptoms. *European Journal of Pain*, 16(2), 312-319. doi:10.1016/j.ejpain.2011.06.010

Alschuler, K., & **Otis, J.D.** (2012). Significant other responses to pain in veterans with chronic pain and PTSD symptomatology. *European Journal of Pain*.

Otis, J. D., Fortier, C., & Keane, T. (2012). The Management of Chronic Pain in the context of Comorbid Posttraumatic Stress Disorder and Mild Traumatic Brain Injury. Vasterling, J., Bryant, R., Keane, T., (Eds.) *PTSD and Mild Traumatic Brain Injury*. Guilford Press. 105-123.

Otis, J. D., Freed, R. & Keane, T. (2012). Treatment for Co-Occurring PTSD and Chronic Pain. Keane, T., Newman, E., Fogler, J., & McMackin, B., (Eds.) *Trauma therapy in context: The science and craft of evidence based practice*. APA Publications. 293-312.

Overview

The Brockton
Substance Abuse
Spectrum of

Treatment rotation at the VA Boston Healthcare System offers the intern an experience that spans two levels of care, residential and outpatient, and three distinct programs, described below. The goal of the rotation is to provide training in evidence-based assessment, treatment, consultation, clinical research, and program evaluation. Consistent with the scientist-practitioner model, the intern will provide treatment to Veterans with substance use and/or other co-occurring mental health disorders.

as an internationally-recognized behavioral couples therapy (BCT) model. Interns are provided a unique opportunity to work with patients across a continuum of care, and with patients who have substance use problems that differ in duration and severity, as well as a wide range of co-occurring mental health problems. Interns also learn to coordinate care with other VA treatment programs (e.g. homelessness programs, suicide prevention programs, long-term residential programs, work therapy programs,) as well as community resources (e.g., 12-Step programs, SMART recovery, Veteran support groups) to provide additional support for patients.

Clinical Experience

The Brockton
Substance Abuse
Spectrum of
Treatment rotation

offers a comprehensive and integrated clinical training experience across three clinical programs providing different intensities and modalities of care with the goal of providing interns with significant breadth and depth of experience working with a variety of substance use and other co-occurring disorders. The three clinical settings are:

- ◆ Center for Integrated Residential Care for Addictions (CIRCA)
- ◆ Outpatient Alcohol and Drug Treatment Program (ADTP)
- ◆ Project for Counseling Alcoholics' Marriages (CALM)

Together, these programs offer a plethora of clinical services to male and female Veterans, including state-of-art assessment, empirically-supported individual and group therapy, as well

All of the substance use disorder treatment programs have a steady flow of patients that ensure access to a rich set of training experiences. The intern provides services for a patient population diverse in age, gender, sexual orientation, socioeconomic status, religion and spiritual beliefs, cultural identity, trauma history, era of military service, and combat experience. Working across settings provides the intern with an opportunity to learn evidence-based treatment approaches appropriate to the level of care (e.g., abstinence vs. controlled drinking), and to work with patients at varying stages of recovery and readiness to work on other life problems. Patients served by these clinics often receive treatments that address co-occurring mental health problems (e.g., Mood and Anxiety Disorders, including PTSD), and the intern gains proficiency treating a range of mental health problems in the context of addiction. Staff works closely with interns to develop a balanced caseload that promotes maximum professional development as well as self-care. The total percent of intern time devoted to direct patient

care is approximately 50% of the training week, with an additional 15% spent in supervision and clinic specific didactics. Approximate number of direct service hours in each program will vary, but will include the following:

◆ **ADTP:**

- Structured diagnostic assessment;
- Individual therapy (MI, MET, CBT, and Cognitive Processing Therapy); and
- Group therapy.

◆ **CALM:**

- Behavioral Couples Therapy.

◆ **CIRCA:**

- Individual therapy and care coordination;
- Group therapy employing cognitive-behavioral relapse prevention techniques, DBT-oriented emotion-regulation skills training, and/or CBT for depression and anxiety; and
- Screening assessment to determine appropriateness for program admission.

In addition to clinical experiences, interns spend time in research and program evaluation, addiction-specific didactics (described below), and case conferences/clinical team meetings. Interdisciplinary resources are utilized to provide interns with current research and treatment innovations and a forum for professional collaboration and discussion.

Supervision

At the Brockton
Substance Abuse
Spectrum of

Treatment rotation, several psychologists provide training for the intern in their respective programs.

- ◆ **Judith Bayog, Ph.D.** Licensed Psychologist, Program Manager of the Outpatient ADTP Clinic, and Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School is the primary supervisor for this rotation. She coordinates the various training components of the rotation, and helps interns develop training plans that maximize professional development in the context of good self-care. She is an MET and CPT certified provider. Dr. Bayog will provide the intern with two hours/week of individual supervision.
- ◆ **Aida Čajdrić-Vrhovac, Ph.D.** Licensed Psychologist, Program Manager of the Center for Integrated Residential Care for Addictions (CIRCA), and Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Čajdrić-Vrhovac is the primary coordinator and supervisor for activities in CIRCA. She will provide two hours/week of individual and group supervision.
- ◆ **Justin Enggasser, Ph.D.** Licensed Psychologist and the Section Chief of Substance Abuse Treatment at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine, and Instructor in Psychology at Harvard Medical School. He will provide supplemental supervision for the trainees on CIRCA or ADTP activities, as needed.

- ♦ **Timothy O'Farrell, Ph.D., ABPP** Licensed Psychologist, Director of the CALM Project at VA Boston, and Professor of Psychology at Harvard Medical School. He will provide one hour/week of individual supervision.

Research / Program Evaluation

Development of research proficiencies is supported through Project CALM and CIRCA.

Much of the empirical support for Behavioral Couples Therapy (BCT) in substance abuse has come from projects conducted here at the Brockton Campus. Dr. Timothy O'Farrell currently has projects on BCT for alcoholism and drug abuse, domestic violence among male and female alcoholic patients, and other aspects of families and addiction. He has a strong interest in collaborating with interns and fellows; over 90 of his publications have been co-authored with former trainees. Interns are provided the opportunity to join ongoing projects or initiate small-scale projects with existing databases.

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for interns interested in SUD related research. Dr. Enggasser is involved in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Research opportunities with Dr. Enggasser could involve one of two current clinical trials evaluating 1) efficacy of an automated Web-based self-help intervention for returning veterans with problem drinking and trauma symptoms, and 2) efficacy of

treatment for SUD/PTSD delivered via video teleconferencing. Specific activities connected with these projects can vary depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Opportunities for trainees to participate in program evaluation across all levels of care are available. Interns may opt to participate in ongoing mandated Performance Improvement (PI) projects in ADTP directed by Dr. Judith Bayog or in CIRCA under the direction of Dr. Čajdrić-Vrhovac. There are pre- and post-treatment measures for treatment outcome in ADTP and CIRCA. Interns who prefer to conduct their own group and implement pre- and post-treatment measures will be mentored through this process. Substance abuse treatment clinics compile program evaluation reports tracking consults and treatment retention, and the intern is welcome to participate in these activities as well. Finally, ADTP and CIRCA have ongoing efforts to gather client satisfaction data in order to guide program development efforts, and the intern can gather, analyze, and synthesize data from these surveys.

Didactics

In addition to the weekly Internship seminar series

attended by trainees across all rotations, there are two venues to foster the substance abuse intern's professional development. *The Addiction Journal Club* is a monthly meeting of SUD faculty, interns, and fellows that focuses on maintaining the scientist-practitioner model by keeping current on empirical and theoretical advances that can inform clinical practice. The second venue is a monthly *Brockton PTSD/SUD Clinical Forum* that is open to all psychology interns on

Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs, and the forum will include the opportunity for informal case presentation.

Research

Examples of recent publications from this rotation include:

Brief, D., Rubin, A., **Enggasser, J.**, Roy, M. and Keane, T. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy*, 41, 237-246.

Brief, D.J., Rubin, A., Keane, T.M., **Enggasser, J.L.**, Roy, M., Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., Rosenbloom, D. (2013). Web Intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 81, 890-900.

Kramer, J., Rubin, A., Coster, W., Helmuth, E., Hermos, J., Rosenbloom, D., Moed, R., Dooley, M., Kao, YC., Liljenquist, K., Brief, D., **Enggasser, J.**, Keane, T., Roy, M., Lachowicz, M. (2013). Strategies to address the challenges of participant misrepresentation in web-based research. *International Journal of Methods in Psychiatric Research*.

Keane, T. M., Rubin, A., Lachowicz, M., Brief, D.J., **Enggasser, J.**, Roy, M., Hermos, J., Helmuth, E., & Rosenbloom, D. (2014). Temporal stability of DSM-5 posttraumatic stress disorder criteria in a problem drinking sample. *Psychological Assessment*.

Young, M.A., Hutman, P, **Enggasser, J.L.**, Meesters, Y. (in press). Assessing usual seasonal depression symptoms: The seasonality assessment form. *Journal of Psychopathology and Behavioral Assessment*.

Schumm, J.A., **O'Farrell, T.J.**, Murphy, C.M., Murphy, M. & Muchowski, P. (2011). Test of a conceptual model of partner aggression among women entering substance use disorder treatment. *Journal of Studies on Alcohol and Drugs*, 72, 933-942.

O'Farrell, T. J. (2011). Family therapy. In M. Galanter & H.D. Kleber (Eds.), *Psychotherapy for the treatment of substance abuse* (pp. 329-350). Washington DC: American Psychiatric Press.

O'Farrell, T.J. & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment of alcoholism. *Journal of Marital and Family Therapy*, 38, 122-144.

Mattson, R.E., **O'Farrell, T.J.**, Lofgreen, A.M., Cunningham, K. & Murphy, C.M. (2012). The role of illicit substance use in a conceptual model of intimate partner violence in men undergoing treatment for alcoholism. *Psychology of Addictive Behavior*, 26, 255-264.

Kachadourian, L.K., Taft, C., **O'Farrell, T.J.**, Doron-LaMarca, S., & Murphy, C.M. (2012). Correlates of intimate partner psychological aggression perpetration in a clinical sample of alcoholic men. *Journal of Family Psychology*, 26, 206-214.

Schumm, J., **O'Farrell, T.J.**, & Burdzovic Andreas, J. (2012). Behavioral couples therapy when both partners have a current alcohol use disorder. *Alcoholism Treatment Quarterly*, 30, 407-421.

Schumm, J., & **O'Farrell, T.J.** (2012). Substance use disorders. In D.K. Snyder & C.M. Monson (Eds.), *Couple-based interventions for military*

- and veteran families: A practitioner's guide* (pp. 201-227). New York: Guilford Press.
- Lam, W., **O'Farrell, T. J.**, & Birchler, G. R. (2012). Family therapy techniques for substance abuse treatment. In F. Rotgers, J. Morgenstern & S.T. Walters (Eds.), *Treating substance abuse: Theory and technique* (3rd edition) (pp. 256-280). New York: Guilford Press.
- Stuart, G.L., Moore, T.M., Elkins, S.R., **O'Farrell, T.J.**, Temple, J.R., Ramsey, S., Kahler, C.W., & Shorey, R.C. (2013). The temporal association between substance use and intimate partner violence among women arrested for domestic violence. *Journal of Consulting and Clinical Psychology, 81*, 681-690.
- Stuart, G.L., Shorey, R.C., Moore, T.M., Ramsey, S., Kahler, C.W., **O'Farrell, T.J.**, Strong, D., Temple, J.R., & Monti, P. (2013). Randomized clinical trial examining the incremental efficacy of a 90-minute motivational alcohol intervention as an adjunct to standard batterer intervention for men. *Addiction, 108*, 1376-1384.
- Schumm, J., & **O'Farrell, T.J.** (2013). Behavioral couples therapy. In P. Miller (Ed.), *Principles of Addiction*. Oxford UK: Elsevier.
- Kaufmann, V., **O'Farrell, T. J.**, Murphy, C.M., & Murphy, M. (2014). Alcohol consumption and partner violence among women entering substance use disorder treatment. *Psychology of Addictive Behaviors, 28*, 313-321.
- Rounsaville, D., **O'Farrell, T.J.**, Burdzovic Andreas, J., Murphy, C.M., & Murphy, M. (2014). Children's exposure to parental conflict after father's treatment for alcoholism. *Addictive Behaviors, 39*, 1168-1171.
- Schumm, J., **O'Farrell, T.J.**, Kahler, C., Murphy, M. & Muchowski, P.M. (2014). A randomized clinical trial of behavioral couples therapy versus individually-based treatment for women with alcohol dependence. *Journal of Consulting and Clinical Psychology*. Advance online publication. <http://dx.doi.org/10.1037/a0037497>
- O'Farrell, T.J.** (2014). Couples therapy in treatment of alcoholism and drug abuse. In N. el-Guebaly, M. Galanter, & G. Carra (Eds.), *Textbook of addiction treatment: International perspectives*. New York NY: Springer.

Overview

The Substance Abuse Treatment Program (SATP) at the VA

Boston Healthcare System - Jamaica Plain campus offers residential and outpatient treatment for veterans with alcohol and/or a wide range of drug problems. Many of the veterans in our programs also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and are struggling with significant social problems such as homelessness and unemployment. The staff of the SATP includes a multidisciplinary staff from psychology, psychiatry, and social work. The intern has clinical responsibilities and is part of the treatment team in both the residential treatment program and the outpatient clinic while on the rotation. The SATP at the Jamaica Plain campus is often described, accurately, as “boot camp” for learning to conduct group psychotherapy interventions. Interns on our rotation often conduct up to five groups per week. In addition, we have an extensive “training in supervision” programs.

Training Sites

The Jamaica Plain campus of the VA Boston Healthcare

system is located in an urban setting and serves a very diverse patient population and employs diverse staff (in terms of age, sexual orientation, and cultural background). Our veterans come from all over New England and from other states and US territories, and range in age from early 20s to late 70s. Often city-dwellers, many of our veterans come from communities of color, and, in terms of veteran status, represent all five branches of the active-duty military and their National Guards and Reserves. Our veteran patients use many different substances from

common drugs like cocaine, heroin, marijuana and alcohol, to oral opiate, anxiolytic, and sedative medications, to first- and second-generation designer drugs like bath salts, methamphetamine, and synthetic cannabis (“spice”). Our training program at JP campus’s SATP offers immersion in two (largely overlapping) treatment teams (residential and outpatient), in the context of empirically-supported cognitive-behavioral treatment in an academic environment. Our rotation is also ideal for interns who see themselves wanting to go on to postdoctoral Fellowship in substance use work and ultimately to go on to careers in program management, program and research development, and clinical supervision of programs in the substance use field. Many of our alumni have gone on to careers in the VA’s Mental Health Service, and a number have also gone on to productive careers in tenure-track academic positions in universities.

Training Settings and Opportunities

Residential

Treatment: The Substance Abuse Residential

Rehabilitation Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. Working in the residential program, interns have the opportunity to strengthen their skills in assessment, group and individual therapy, and consultation.

- ◆ **Group Therapy:** The intern co-facilitates several group therapy sessions at the SARRTP. Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote

lifestyle change. Specific groups include the Relapse Prevention Group, Dialectical Behavioral Therapy Skills Group, and Seeking Safety Group. The intern conducts up to seven hours of group per week. All groups are co-led with senior members of the staff or with a senior postdoctoral Fellow.

- ◆ **Individual Therapy:** The intern may conduct individual therapy with veterans who are treated in the SAR RTP. Often individual therapy focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns that may impact substance use. Individual therapy may include Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and interpersonal therapy. Other issues that may be addressed in individual therapy include: dealing with grief/bereavement; struggling with sexual orientation definition, sexual addiction problems, or gender identity questions; managing medical comorbidities; working through relationship issues (with guest meetings with veterans' partners, family of origin, and/or adult children); and addressing anxieties about financial and/or vocational concerns, particularly as these affect recovery.
- ◆ **Consultation:** The intern is an integral member of the SAR RTP consultation liaison team. The consultation liaison team training offers the opportunity to interact with inpatient psychiatry, medicine, or other substance abuse treatment programs, at VA Boston, at other area VAs, and at non-VA facilities, as well as with the criminal and judicial systems. Interns complete

comprehensive screening assessments for admission to the program and provide treatment recommendations based on these assessments and provide feedback to veterans, to referring clinicians, and to the SAR RTP team about the findings of their assessments.

- ◆ **Staff Meetings:** Frequent staff meetings provide an opportunity for a high level of intern involvement in treatment planning, which may include consultation with other services in the hospital and development of appropriate aftercare plans. Interns regularly **present** in team meetings on the patients that they are following in their primary Relapse Prevention treatment groups on SAR RTP and in doing so learn how to relay information the interdisciplinary treatment team to facilitate treatment progress.
- ◆ **Outpatient Treatment:** The Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their alcohol and/or drug use.
- ◆ **Intakes and assessments:** The intern will have the opportunity to conduct diagnostic testing and comprehensive biopsychosocial assessments. These assessments are presented at weekly treatment team meetings to help to decide treatment recommendations for veterans.
- ◆ **Individual Therapy:** On an outpatient basis focused on alcohol and/or drug problems as well as on co-occurring problems including: trauma-related symptoms stemming from childhood abuse, adult victimization, or

military experiences; grief; coping with illness; or relational problems. Interns have the opportunity to learn both controlled drinking and abstinence-based models of treatment.

- ◆ **Assessment:** Interns conduct at least several psychological assessment batteries while on the rotation, often evaluating patients' psychiatric comorbidities, and sometimes doing additional testing, e.g., to determine/solidify a patient's apparent PTSD diagnosis, to do some initial screening to assess need for more detailed neuropsychological batteries, and to assess for and then intervene in patient's presentation of high risk self/other lethality concerns. Interns are trained to do safety plans and suicide evaluations for patients with substance use histories who present with self-harm risk. Some of the measures frequently used in evaluating our clients include: The MMPI-2, the Personality Assessment Inventory, the PTSD Checklist, the Beck Depression and Beck Anxiety Inventories and Beck Hopelessness Scale, the Clinician-Administered PTSD Scale (CAPS), and various substance use motivation and self-efficacy measures, in addition to other anxiety scales.

- ◆ **Didactics:** Interns attend monthly didactic seminars with the full SARRTP and ADTP staff and the program's other trainees. Topics of the seminars vary from year to year but have often included discussion of empirically supported treatments for PTSD in veterans with substance use issues; review of medications used to treat craving and psychiatric conditions in substance use patients; lethality assessment and suicide

prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; treatment outcome assessment; and special topics, such as dealing with sex addiction, designer drugs, and medical issues in the context of a substance use presentation.

- ◆ **Program Development and Evaluation:** Interns on the rotation have the opportunity to be involved in the development of materials for our psychoeducational groups, have the opportunity to contribute to the creation of new treatment groups, and have the chance to add instruments to our typical assessment protocols, teach on topics of interest, and get involved in ongoing evaluation activities of our programming, including customer satisfaction measures and other more structured substance use outcome measures.
- ◆ **Length of Rotation:** The opportunities described above are available for the interns working within the SATP rotation as part of the 8-month (Match) or four-month rotation length. Eight-month interns will be exposed to a wider array of cases, many of which are appropriate for long-term intervention on an outpatient basis, and have more opportunities for program development.

Training in Supervision

A unique opportunity offered by this site is its "supervision of supervision"

component. Interns will supervise a practicum level psychology trainee on up to four individual therapy cases under the supervision of a licensed

psychologist. Interns will meet with two postdoctoral fellows and a licensed psychologist on a weekly basis for supervision of providing clinical supervision. This component of the rotation provides the chance to learn skills to be able to supervise trainees.

Supervision

The intern will be provided individual supervision by the

major rotation supervisor and at least one other doctoral psychologist from the JP SATP. Altogether, interns receive at least four hours of supervision. Interns are also expected to participate in the program's rounds and clinical team meetings. Current clinical supervisors in the JP SATP include Glenn R. Trezza, Ph.D. (major rotation supervisor), Monica Roy, Ph.D., Marika B. Solhan, Ph.D., and Deborah J. Brief, Ph.D.

Glenn R. Trezza, Ph.D., the current major rotation supervisor of the JP SATP rotation, is an alumnus of the rotation, and has been at the VA for 23 years. In addition to his substance abuse work, he also has a background in health psychology, doing HIV clinical, research, program development, education, and training work. Dr. Trezza has published chapters and articles about substance use triage, and has much experience in emergency room settings working with substance use and psychiatric patients in crisis. His clinical supervision focusses on integrating cognitive-behavioral group and individual psychotherapy practice with attention to process issues and interpersonal psychotherapy, and on developing training psychologists' professional identities. On the rotation, Dr. Trezza directs the consultation team, is the primary supervisor of supervision training, and supervises both ADTP outpatient

individual psychotherapy and assessment cases and, on the SARRTP, Relapse Prevention and Life Skills groups. Some of his other clinical and training interests include: grief/ bereavement, sexual orientation and gender identity issues, recovery from childhood sexual abuse, club/designer drug use, and diversity issues (both among veterans and among professional psychologists and trainees). He was the founding chair of the VA Boston Psychology Service's Diversity Committee, and was for thirteen years the academics/didactics director of the then named Boston Consortium's Internship Training Program.

Monica Roy, Ph.D., is an alumna of both our Internship and Fellowship training programs, and is the Program Manager of the SARRTP and of the JP ADTP. Dr. Roy supervises (and co-leads with the intern) Seeking Safety group, supervise the intern's Relapse Prevention group, and a number of interns' SARRTP and JP ADTP individual psychotherapy and assessment cases. Dr. Roy's clinical supervision incorporates a focus on both cognitive-behavioral therapies as well as attention to process issues and interpersonal psychotherapy. Other training interests include working with veterans with trauma and personality disorders.

Marika B. Solhan, Ph.D., is also an alumna of Internship and Fellowship training in substance use at the JP campus of VA Boston. The program manager of the TRUST House women's transitional residence, Dr. Solhan supervises Mindfulness/DBT Skills groups on SARRTP, and has also supervised a number of trainees on individual psychotherapy cases. She also assists in directing the VA Boston Dialectical Behavior Therapy (DBT) consultation team. Dr. Solhan's supervision style emphasizes cognitive and

behavioral theory, with additional emphasis on therapeutic process and the influence of personality traits on psychopathology and treatment. She has particular interests in personality disorders, DBT, mindfulness-based interventions, trauma, assessment, and women's issues.

Research

Deborah J. Brief,
PhD., for many years

the Program Manager of SARRTP and JP ADTP, has in more recent years been a senior manager in the Mental Health Service, serving as Assistant Chief of Staff for Residential Treatment Programs in VA Boston. An accomplished researcher, Dr. Brief has served as a principal investigator and co-principal investigator on a number of VA and extramural research grants, and has published many articles on substance use and on addiction's interface with comorbid psychopathology, especially PTSD. Dr. Brief has served as a research mentor for a number of our rotation's trainees as well as a clinical supervisor for individual SARRTP and JP ADTP psychotherapy cases.

Rotation supervisors have research interests in the following areas: treatments for substance use disorders and treatment for co-occurring PTSD and substance use disorders, application of unique technologies to deliver evidence-based treatment to returning veterans, issues of diversity and inclusion, cohort-specific issues in substance using veteran populations, and risk reduction for individuals living with HIV. While on the rotation, interns have an opportunity to assist with grant submissions, research a topic of interest, and write a review article for publication, and/or develop program evaluation

and performance improvement research in the SATP.

♦ *Examples of Current Research Opportunities:*

Interns on the rotation have the opportunity to get involved in a number of scholarly and research opportunities. In recent years, Dr. Trezza, who focusses on book chapter and journal articles, has mentored students on manuscripts on topics including substance use's relation to diverse cultural experience, and the design and implementation of behavioral HIV research. Dr. Roy has been working with a number of projects on patient outcome and variables affecting same, and Drs. Roy, Brief and Solhan are part of an ongoing research team that has developed a web-based intervention for Returning Veterans who often also have PTSD symptoms. Research related to this has included data analysis to evaluate the effectiveness of this intervention as well as working on developing new versions of the intervention and a mobile application of the treatment. Dr. Solhan, who works with our women veterans in our TRUST House facility for women with PTSD and substance use concerns, and who has extensive training in Dialectical Behavior Therapy, has been working on a number of projects related to effective management of borderline and PTSD symptoms in the context of ongoing sobriety in women. Depending on intern interest, and the status of various projects being conducted, the intern on the rotation has the opportunity to become involved in various aspects of our projects, including grant writing and submission, web- and app-design, literature reviews, article and chapter writing,

and small personal projects related to our current activities.

Examples of recent publications include:

Brief, D.J., Rubin, A., Keane, T.M., Enggasser, J.L., **Roy, M.,** Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., and Rosenbloom, D. (in press). Web Intervention for OEF/OIF Veterans with Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial. *Journal of Consulting and Clinical Psychology*.

Roy, M. (2012). Healthcare for Women Military Veterans. In T.W. Miller (Ed.), *The Praeger Handbook of Veterans' Health*; 313-342; Santa Barbara, CA: ABC-CLIO, LLC.

Delaney, E.M., Walton, H.M., **Trezza, G. R.,** Henley, K.M., Vielhauer, M. J., Morgan, E., Meyer, P., & Keane, T. M. (2012). Community advisory boards in HIV Research: Current scientific status and future directions. *Journal of Acquired Immune Deficiency Syndromes*, Apr 1; 59(4); 78-81.

Roy, M., & Skidmore, W. C. (2012). Assessment and treatment of substance use disorders and related problems in veterans and service members. In J. Beder (Ed.), *Advances in Social Work Practice with the Military*; 215-236. New York: Routledge.

Jahng, S., **Solhan, M. B.,** Tomko, R. L., Wood, P. K., Piasecki, T. M., & Trull, T. J. (2011). Affect and alcohol use: An ecological momentary assessment study of outpatients with borderline personality disorder. *Journal of Abnormal Psychology*, 120, 572-584.

Skidmore, W.C. & **Roy, M.** (2011). Practical considerations for addressing substance use disorders in Veterans and Service Members. *Social Work in Healthcare*. 50(1), p. 85-107.

Brief, D., Rubin, A., Enggasser, J., **Roy, M.** & Keane, T. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy*, Vol. 41 (4), 237-

Overview

The Women's Stress Disorder Treatment Team (WSDTT) is

located at the Jamaica Plain campus of VA Boston Healthcare System. WSDTT is an outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders – in particular, the sequelae of sexual trauma – in women veterans, and it is affiliated with the Women's Health Sciences Division of the National Center for PTSD. Interns in WSDTT receive extensive training and experience with evidence-based assessment and therapy for PTSD and comorbid problems (e.g., borderline personality disorder, substance use disorders, other anxiety and mood disorders, eating disorders), and they also have the opportunity to participate in research with Women's Division staff. In total, there are three clinical programs for women veterans at VA Boston that are affiliated with the Women's Division:

- **Women's Stress Disorder Treatment Team**, described above;
- **TRUST House**, a therapeutic transitional residence program in Jamaica Plain for women veterans with trauma- and substance-related problems; and
- **Women's Integrated Treatment and Recovery Program**, a residential program at the Brockton campus for women with PTSD and substance use disorders.

Interns on our rotation conduct their clinical work within WSDTT but work closely with staff in the other women's mental health programs – as well as with the medical staff of the Women Veterans Health Center and with the women's homelessness liaison in VA Boston's Homelessness Program – due to the fact that

many of our women are served by multiple programs and providers, and have complex treatment needs that benefit from close interdisciplinary coordination. At the beginning of every rotation, WSDTT interns attend a series of training didactics, many of which are offered in conjunction with Jamaica Plain's PTSD Clinical Team (PCT) rotation affiliated with the Behavioral Science Division of the National Center for PTSD. The didactics include presentations on and training in:

- The prevalence and effects of Military Sexual Trauma (MST);
- Use of the Clinician Administered PTSD Scale (CAPS);
- Clinical issues in PTSD assessment;
- Cognitive-behavioral methods of treating a range of problems in traumatized women veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Seeking Safety;
- Overview of Dialectical Behavior Therapy (DBT);
- PTSD and Substance Abuse;
- Intimate Partner Violence (IPV);
- Effectively engaging patients in trauma-focused therapy.

Clinical Experience

♦ **Treatment:**
Interns participate in WSDTT's

comprehensive therapy program designed to address the complex trauma histories and clinical profiles with which our women veterans present. Interns learn skills in providing treatment to women veterans in

evidence-based individual and group psychotherapies. Treatment in WSDTT focuses on PTSD as well as on a wider range of clinical issues such as:

- Personality disorders and difficulties with emotion regulation, distress tolerance, and interpersonal effectiveness;
- Intimate partner violence;
- Comorbid diagnoses such as substance use disorders, eating disorders, major depression, and serious and persistent mental illness;
- Comorbid medical problems such as chronic pain syndromes;
- Experiences of discrimination / marginalization that may exacerbate trauma-related symptoms;
- Crisis intervention;
- Effects of military sexual trauma;
- Homelessness and employment problems.

Interns learn Cognitive Processing Therapy (CPT) through a two-day training at the start of the training year and through weekly consultation group participation. WSDTT also offers Dialectical Behavioral Therapy (DBT) skills-based groups for individuals with Borderline Personality Disorder and related issues, and interns co-lead at least one DBT group while on rotation with us. Along with CPT and DBT skills training, interns are exposed to a variety of other theoretical orientations and approaches to treatment during their time here, and have the opportunity to learn and apply several other evidence-based psychotherapies (EBPs), such as Prolonged Exposure Therapy (PE),

Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT).

Interns who complete an eight-month rotation with WSDTT will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different groups from those they led during the first four months. Alternatively, they might become more expert in leading the same groups they co-led before. Matching with WSDTT for eight months will also afford interns the chance to treat a greater number of patients with complex presentations, some of whom may benefit from longer-term work.

- ♦ **Assessment:** Women veterans new to WSDTT are sometimes provided comprehensive psychological assessments, in order to more effectively plan for treatment. Multiple methods are used to gather information (structured clinical interviews, psychological and personality tests, and, in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). Interns will have the opportunity to provide comprehensive assessments, as well as briefer, one-session intake assessments, during their time on this rotation.
- ♦ **Team Meetings:** Interns are an integral part of WSDTT's interdisciplinary team meeting, which is held weekly and allows us to more closely coordinate care for our veterans. Team meetings also afford our interns additional opportunities outside of supervision to discuss challenges in their clinical work, and to receive support and input from

other team members. Team is attended by WSDTT psychologists, psychiatrists, and social workers, as well as by trainees from all three disciplines. WSDTT interns are also invited to join a weekly DBT consultation team that is attended by staff and trainees from several mental health programs in our medical center.

- ♦ **Consultation to the Medical Center:** Interns provide clinical consultation and liaison to primary care and specialty medicine. WSDTT and the other women's programs described earlier are closely linked with – and share the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. Interns work closely with the multidisciplinary staff of the Center to offer a broad, integrated continuum of care, and they attend the Center's monthly team consultation meetings. Supervision is provided to interns on methods of effective consultation within a medical center.

Supervision

Each WSDTT intern is assigned a primary supervisor and at least two secondary supervisors in this rotation; supervision teams are comprised of both WSDTT clinical staff and Women's Division research staff psychologists. In addition, interns often receive supervision from their group co-therapists. Primary supervisors are responsible for designing an individualized training plan that meets the specific needs of each intern. The primary supervisor is also the formal evaluator of the

intern's progress in the program. Interns also attend weekly group consultation in Cognitive Processing Therapy.

Research

Interns have the opportunity to become involved in ongoing research activities in the Women's Division, and are allotted between four and eight hours per week of research time. An intern's level of involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other supervisors and staff.

Currently funded research in the Women's Division includes:

Cognitive Processing Therapy (CPT) Intervention (Project within the Center of Excellence: Translational Research Center for TBI and Stress Disorders, McGlinchey, RI; Milberg, Co-PI). Principal Investigator: Ann Rasmusson.; Co-Investigator: Patricia Resick. Veterans Administration RR&D.

Enhancing Post-deployment Training: Preventing PTSD by Coping with Intrusive Thoughts. Principal Investigator: **Jillian C Shipherd, Ph.D.** Department of Defense.

Gene-Environment Interplay in the Comorbidity of PTSD and Disordered Eating. Principal Investigator: **Karen Mitchell, Ph.D.**

Collaborators: Mark Miller, Ph.D., Ann Rasmusson, MD, & Patricia Resick, Ph.D. National Institute of Mental Health K01 Award.

Intimate Partner Violence, Health, and Health Care Among Female Veterans. Principal Investigator: **Katherine Iverson, Ph.D.** Department of Veterans Affairs Health Services Research and Development Career Development Award (CDA-2).

Leveraging Clinical Materials to Monitor Fidelity to Cognitive Processing Therapy (CPT) for PTSD. Principal Investigator: **Shannon Wiltsey Stirman**. National Institute of Mental Health R21.

Posttraumatic Stress Disorder and Suicide among Massachusetts Veterans. Principal Investigator: **Jaimie L. Gradus, D.Sc., MPH**. American Foundation for Suicide Prevention.

Sustaining and Improving Implementation of an Evidence-Based Treatment for PTSD: Co-Principal Investigators: Candice Monson and **Shannon Wiltsey Stirman**. Canadian Institute of Health Research Operating Grant

Variable Length CPT for Combat-related PTSD. Principal Investigators: Patricia Resick, Ph.D. and **Jennifer Wachen, Ph.D.** Department of Defense.

Work and Family Functioning in Women Veterans: Implications for VA Service Use. Principal Investigators: **Dawne Vogt, Ph.D. and Brian Smith, Ph.D.** Department of Veterans Affairs Health Services Research and Development Merit Award.

Selected recent publications from our staff:

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Overview

The Child and
Adolescent
Treatment Program

at the Center for Anxiety and Related Disorders (CARD) offers interns the opportunity to receive specialized clinical training in delivering empirically supported treatments for young people ages 3-17 experiencing fears, anxiety, or shyness, as well as related problems such as depression or oppositional behaviors. The program provides interns with training in conducting comprehensive intake assessments of children and families, providing state of the art cognitive-behavioral treatment for children and adolescents, as well as conducting behavioral parent training. There are also potential opportunities for research collaboration with the faculty in the Child Program at CARD. Interns are encouraged to attend our weekly research meetings and to collaborate on ongoing research and scholarly writing projects.

*Clinical
Experience*

Interns will be
trained to provide
individual and group
cognitive-behavioral
treatment to

children and adolescents aged 3-17 presenting with a range of anxiety disorders (e.g., generalized anxiety disorder, separation anxiety disorder, obsessive compulsive disorder, panic disorder and agoraphobia, specific phobia, social phobia) and related disorders (e.g., depression, preschool externalizing disorders). There are many other clinical opportunities available at CARD, including learning empirically supported parent training programs such as Parent-Child Interaction Therapy (PCIT) in a state-of-the-art

PCIT laboratory equipped with physiological monitoring and observational coding equipment. There are also opportunities to be trained in intensive treatments for youth (e.g., 8 day treatment for panic disorder, 5 day treatment for specific phobias or selective mutism). In addition, interns can gain clinical expertise in treating selective mutism in our specialized, intensive selective mutism summer treatment program, "Boston Brave Buddies". The Child Program at CARD receives a steady flow of patients through referrals from local health and mental health practitioners as well as referrals from across the country.

Didactics

There are several
opportunities for
didactic training,

including 1) attending weekly research meetings (led by Drs. Langer and Pincus), 2) weekly child program diagnostic and case review meetings, 3) weekly brown bag lectures focusing on conducting evidence-based practice, and 4) attending clinical colloquium through the Boston University Clinical Psychology Doctoral Program Clinical Colloquium Series

Supervision

In the Child and
Adolescent Fear and
Anxiety Treatment

Program at CARD, four faculty members and post-doctoral fellows provide the training for interns. Supervision is provided both in small groups as well as individually.

◆ **David Langer, Ph.D.:** Research Assistant Professor, Clinical Director and Co-

Director of Research, Child and Adolescent Treatment Program, Center for Anxiety and Related Disorders at Boston University. Dr. Langer is the clinical director of the Child Program and leads the weekly clinical intake meeting as well as provides clinical supervision to students and interns. Dr. Langer also co-leads the research team meeting in the Child Program at CARD, and is the co-director of Child CARD intern training.

- ◆ **Ovsanna Leyfer, Ph.D.:** Research Assistant Professor, Child and Adolescent Treatment Program at Boston University. Dr. Leyfer provides clinical supervision to students, postdoctoral staff, and interns through the Child Program.
- ◆ **Rachel Merson, Psy.D.:** Research Associate, Child and Adolescent Treatment Program at Boston University. Dr. Merson provides clinical supervision to students, postdoctoral staff and interns through the Child Program.
- ◆ **Donna Pincus, Ph.D.:** Associate Professor and Director, Child and Adolescent Fear and Anxiety Treatment Program at Boston University. Dr. Pincus provides clinical supervision to interns and co-leads the research team in the Child Program at CARD, and is co-director of Child CARD intern training.

Research

Faculty in the Child and Adolescent Treatment Program

have developed research specialties in the area of

preschool psychopathology as well as in the development of new treatments for youth with anxiety disorders. Some of our current ongoing research includes: 1) development of a school-based, internet delivered treatment for panic disorder which will be tested in Boston area public schools; 2) investigating the treatment of early childhood obsessive compulsive disorder; 3) investigating the feasibility of using telehealth methodology for delivering PCIT through the internet to families; 4) research on the comorbidity of anxiety and sleep disorders in youth; 5) research on intensive, 8 day treatment of panic disorder in adolescents; 6) studying the effects of disasters and terrorism on children's mental health. There may be opportunities to gain experience in grant-writing and collaborating on scholarly research papers and chapters.

Sample Publications from faculty in this externship include:

- Pincus, D.B.,** Ehrenreich, J.T., Whitton, S.A., Mattis, S.M., & Barlow, D.H. (2010). Cognitive behavioral treatment of panic disorder in adolescence. *Journal of Clinical Child and Adolescent Psychology*, 39(5), 1-12.
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- Brown, T.A. & **Leyfer, O.** (2010). Classification of anxiety disorders: current status and future directions. In D.J. Stein, E. Hollander, & B. Rothbaum (Eds.), *Textbook of Anxiety Disorders* (pp. 17-34). Washington, DC: American Psychiatric Press.
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Women's Stress Disorder Treatment Team at Jamaica Plain

Eve Davison, Ph.D.

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Interns of the VA Boston Internship in Clinical Psychology

Current Interns Class of 2014 – 2015

Michael L. Alosco of Kent State University
Rebecca M. Ametrano of the University of Massachusetts Amherst
Rheanna N. Ata of the University of South Florida
Teresa Au of Boston University
Sarah Ballou of Northwestern University
Casey C. Catlin of the University of Nevada ~ Reno
Shirley M. Crotwell of the University of New Mexico
Christina M. Dardis of Ohio University
Marina Gershkovich of Drexel University
Alicia L. Janos of Washington University in Saint Louis
Janie Jun of the University of Washington
Aviva M. Katz of Suffolk University
Rachel A. Lawson of Loyola University Maryland
Jessica M. Lipschitz of the University of Rhode Island
Melissa A. Mendoza of the University of La Verne
Gina Poole of the University of Maryland, Baltimore County
Jessica V. Strong of the University of Louisville
Gali H. Weissberger of the University of California San Diego/San Diego State University Joint Program

Intern Graduate Programs from the Classes of 1998 – 2014

Allegheny University of Health Sciences	California School of Professional Psychology ~
Alliant International University ~ CSPP	Los Angeles
Antioch/New England Graduate School	California School of Professional Psychology ~
Argosy University ~ Twin Cities Campus	San Diego
Argosy University ~ Washington DC Campus	Clark University
Auburn University	Colorado State University
Binghamton University ~ SUNY	DePaul University
Brigham Young University	Drexel University
Boston College	Duke University
Boston University	Emory University
Bowling Green State University	Eastern Michigan University
California School of Professional Psychology ~	Farleigh Dickinson University
Alameda	Fordham University

Finch University of Health Sciences/ Chicago
 Medical School
 Florida State University
 Fuller Theological Seminary
 George Washington University
 Georgia State University
 Howard University
 Illinois Institute of Technology
 Illinois School of Professional Psychology
 Indiana University
 Kent State University
 Lehigh University
 Louisiana State University
 Michigan State University
 New York University
 Northeastern University
 Northwestern University
 Northwestern University Medical School
 Nova Southeastern University
 Oklahoma State University
 The Ohio State University
 Ohio University
 Pacific Graduate School
 The Pennsylvania State University
 Pepperdine University
 Rosalind Franklin University of Medicine and
 Science
 Rutgers ~ The State University of New Jersey
 Saint John's University
 Saint Louis University
 State University of New York at Buffalo
 State University of New York at Stony Brook
 Suffolk University
 Syracuse University
 Temple University
 University of Alabama at Birmingham
 University of Alabama at Tuscaloosa
 University at Albany ~ SUNY
 University of Arkansas
 University of Arizona
 University of California at Berkeley
 University of California at Los Angeles
 University of California at Santa Barbara
 University of Central Florida
 University of Cincinnati

University of Colorado at Boulder
 University of Colorado at Colorado Springs
 University of Connecticut
 University of Delaware
 University of Denver
 University of Florida
 University of Georgia
 University of Hartford
 University of Hawaii
 University of Houston
 University of Illinois at Chicago
 University of Illinois at Urbana/Champaign
 University of Kansas
 University of Kentucky
 University of Maine
 University of Maryland at College Park
 University of Maryland ~ Baltimore County
 University of Massachusetts at Amherst
 University of Massachusetts at Boston
 University of Memphis
 University of Miami
 University of Minnesota
 University of Missouri ~ Columbia
 University of Missouri at Saint Louis
 University of Montana
 University of Nebraska ~ Lincoln
 University of Nevada ~ Reno
 University of New Mexico
 University of North Carolina at Chapel Hill
 University of North Carolina at Greensboro
 University of North Texas
 University of Oregon
 University of Pittsburgh
 University of Rhode Island
 University of Saskatchewan
 University of South Carolina
 University of South Dakota
 University of South Florida
 University of Southern California
 University of Southern Mississippi
 University of Tennessee
 University of Texas
 University of Utah
 University of Vermont
 University of Washington

University of Windsor
Vanderbilt University
Virginia Polytechnic Institute and State
University
Washington University in St. Louis

Wayne State University
Western Michigan University
West Virginia University
Yale University

Deepa Acharya, Ph.D. Dr. Deepa Acharya is a staff neuropsychologist within the Boston VA Healthcare System, Jamaica Plain campus, and Instructor of Psychology at Harvard Medical School. She obtained her Ph.D. in Clinical Psychology with a specialty in neuropsychology at the University of Houston. She completed her internship training in neuropsychology at Long Island Jewish Medical Center, followed by a post-doctoral fellowship in neuropsychology at Beth Israel Deaconess Medical Center and Harvard Medical School. Clinically, she has experience evaluating patients with various neurological, medical, and psychiatric conditions in inpatient and outpatient settings. She supervises graduate students, interns and post-doctoral fellows in neuropsychology.

Christopher G. AhnAllen, Ph.D. Dr. AhnAllen is a Staff Psychologist with the Inpatient Mental Health Service on the Brockton Campus of the VA Boston Healthcare System. He is an Instructor of Psychology within the Department of Psychiatry at Harvard Medical School. His primary clinical duties as the psychologist on a 28-bed acute unit include: intensive individual and group psychotherapy, psychodiagnostic, suicide risk and homicide risk evaluations, as well as other consultative services across the four inpatient units that provide inpatient care for up to 112 veterans. Dr. AhnAllen is the Brockton/West Roxbury Site Training Director for the VA Boston Internship where he also serves as a clinical supervisor within the Inpatient Mental Health/Therapeutic Recovery rotation. He is involved in teaching and clinical supervision of psychiatry residents within the Harvard South Shore Psychiatry Residency Program. His primary research interests include the relationships amongst cigarette smoking, nicotine, cognition and schizophrenia. He is presently an Associate Editor of the journal Schizophrenia Research. Dr. AhnAllen is also the Chair of the Psychology Diversity and Inclusion Committee and he has received funding from APA to conduct educational research on the development of cultural competency in VA providers. He also collaborates on studies that examine self-harm and suicidal behaviors. Dr. AhnAllen completed his education in clinical psychology at the University of Massachusetts Boston, clinical internship at the Boston Consortium in Clinical Psychology and postdoctoral training as a T32 NIDA research postdoctoral fellow within the Center for Alcohol and Addictions Studies at the Alpert Medical School of Brown University. He completed additional postdoctoral clinical training at the Brookline Community Mental Health Center.

Melissa Amick, Ph.D. Melissa Amick is a research psychologist in the Polytrauma and Traumatic Brain Injury Center. Her appointment as Assistant Professor of Psychiatry at Boston University School of Medicine is pending. She earned her Ph.D. in Clinical Psychology with a specialization in neuropsychology from Boston University in 2003. She completed an internship in Neuropsychology through the GRECC at the VA Boston Healthcare System and a post-doctoral fellowship in Neuropsychology at the Memorial Hospital of Rhode Island, Alpert School of Medicine at Brown University. Her current research focuses on the impact of cognitive deficits on driving safety in neurological populations. Secondary research interests include in the adaptation of neuropsychological measures for internet administration and the neuropsychological characterization

of non-motor symptoms of Parkinson's disease. Clinically, she provides neuropsychological assessments for patients in the Polytrauma Network Site and is available as a clinical and research supervisor for psychology trainees.

Sarah Bankoff, Ph.D. Dr. Bankoff is a clinical psychologist and Health Behavior Coordinator for VA Boston, working with Primary Care and Behavioral Medicine. She earned her doctorate from Suffolk University, and completed her pre-doctoral internship and post-doctoral fellowship training at VA Boston. Dr. Bankoff's clinical and research interests include weight management, diabetes management, and general health behavior change. Her work is focused on the use of patient-centered interventions, including motivational interviewing, in medical settings to help patients make health behavior changes. She provides services in the bariatric surgery clinic and the MOVE! weight management program, and also assists with development and implementation of shared medical appointments. She additionally has particular interest in disordered eating and other health disparities among sexual minority veterans.

Judith A. Bayog, Ph.D. Dr. Bayog is a licensed psychologist and Clinic Director of the Alcohol & Drug Treatment Program (ADTP) Outpatient Clinic at the Brockton Division of the VA Boston Healthcare System. She is Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School. Dr. Bayog received her doctorate in Counseling Psychology from Boston College in 1989. She has more than 20 years of experience treating clients that have substance use and co-existing mental health disorders. She is the primary supervisor for the Spectrum of Training in Substance Abuse Treatment rotation for the VA Boston Internship in Clinical Psychology, an APA accredited pre-doctoral internship training program. In her role as faculty member of the Harvard South Shore Psychiatry Residency Training Program, she teaches the motivational interviewing didactic and supervises the third year psychiatry residents' therapy cases enrolled in the ADTP Outpatient Clinic. She is the recipient of the "Outstanding PGY-III Teacher Award." Dr. Bayog has a Certificate of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders. She is certified in Motivational Enhancement Therapy (MET) and Cognitive Processing Therapy. She is trained in Motivational Interviewing, Behavioral Couples Therapy, Cognitive-Behavioral Therapy, and ACT. She is committed to delivering individual and group evidence-based psychotherapies. Currently, she leads a Stage 1 Group designed to increase motivation and facilitate change in clients early in recovery. She also leads the Seeking Safety and Relapse Prevention groups. Dr. Bayog has a strong interest in measuring clinical outcomes and contributes to several ongoing performance improvement projects.

Margret Bell, Ph.D. Dr. Bell is the National Deputy Director for Military Sexual Trauma for VA Mental Health Services and a Staff Psychologist at the Women's Health Sciences Division of the National Center for PTSD. She also has an appointment as an Assistant Professor in the Department of Psychiatry of the Boston University School of Medicine. She earned her doctorate in counseling psychology from Boston College, a program that has a particular emphasis on community-based collaboration and the promotion of social justice. Dr. Bell has worked with a number of

interdisciplinary, policy-oriented teams designed to help systems, community agencies, and victims work collaboratively to respond to and prevent violence against women. In her current position, she engages in national education, evaluation, program development, and policy activities related to military sexual trauma specifically. Her research similarly focuses on victim, community, and systemic responses to interpersonal trauma and violence against women. She serves as a clinical supervisor, research mentor and research collaborator for trainees.

Yelena Bogdanova, Ph.D. Dr. Bogdanova is a research psychologist in the Research Service and the Memory Disorders Research Center at VA Boston Healthcare System. She holds an academic appointment as Assistant Professor in Psychiatry at Boston University School of Medicine. She earned her Ph.D. in Behavioral Neurosciences at the Boston University School of Medicine, and a Ph.D. in Clinical Psychology with a specialization in Neuropsychology at Boston University. Dr. Bogdanova completed two years of postdoctoral fellowship in Neuropsychology at the Beth Israel Deaconess Medical Center and Memory Disorders Research Center at VABHS. She is currently a Principal Investigator on a federally funded Career Development Award (CDA-2) and the Translational Research Center for TBI and Stress Disorders. Her current research projects focus on development and evaluation of cognitive rehabilitation program for neuropsychological and neuropsychiatric deficits following traumatic brain injury. Areas of clinical and research interest include cognitive dysfunction and emotional cognition in frontostriatal disorders, neurorehabilitation and neuromodulation. Dr. Bogdanova is available as a research supervisor for psychology/neuropsychology trainees

Christopher B. Brady, Ph.D. Dr. Brady is a neuropsychologist at VA Boston Healthcare System (VABHS), Jamaica Plain Campus, and Director of Scientific Operations/Co-Investigator for the VA Biorepository Brain Bank, Gulf War Veterans' Illness Biorepository and National PTSD Brain Bank. He is an Assistant Professor of Neurology at Boston University (BU) School of Medicine and on the faculty of the BU Ph.D. Program in Behavioral Neurosciences. He is also a member of the Stress, Health, and Aging Research Program in the National Center for PTSD at VABHS. Dr. Brady received his Ph.D. in clinical psychology (aging and development focus) from Washington University in St. Louis and did his postdoctoral fellowship in neuropsychology at Harvard Medical School/VA Boston. Dr. Brady has been conducting research on the effects of aging and disease on cognition for over twenty-five years. Specifically, his research examines whether declining health and various disorders (e.g., amyotrophic lateral sclerosis, cardiovascular disease, kidney disease, PTSD in older Veterans) have specific deleterious effects on higher-order frontal system cognitive functions, compared with cognitive functions largely mediated by other brain regions (e.g., memory, visuospatial functions). His clinical training responsibilities involve clinical supervision in neuropsychological assessment with predoctoral interns and postdoctoral fellows. He also serves as a mentor on numerous research projects.

Kevin Brailey, Ph.D. Dr. Brailey is Staff Psychologist with the Center for Returning Veterans (CRV) and Director of the Practicum Training Program, VA Boston Healthcare System. He is also Assistant Professor of Psychiatry at Boston University School of Medicine. He received a doctorate in Cognitive

and Clinical Psychology from Vanderbilt University, and completed internship at the Tufts University School of Medicine/Boston VA Medical Center Psychology Internship Consortium. Prior to returning to Boston in 2007, he served as PTSD Clinical Team Psychologist at the New Orleans VA Medical Center and as a Statistical Consultant with the VISN 16 Mental Illness Research Education and Clinical Center (MIRECC). His research interests focus on neurocognitive deficits and cognitive biases associated with stress-related disorders, with a current emphasis in returning OEF/OIF veterans on examination of cognitive deficits and functional alterations associated with PTSD and mild TBI. Within the internship program, he is a supervisor for the CRV rotation.

Deborah J. Brief, Ph.D. Dr. Brief is Director of Residential and Rehabilitation Treatment Services, VA Boston Healthcare System. Dr. Brief is an Assistant Professor of Psychiatry at Boston University School of Medicine, Assistant Professor of Psychology, Boston University, and a faculty member of the Graduate School of Medical Sciences, Boston University School of Medicine. She has been involved in teaching and training interns, fellows, and practicum students in the assessment and treatment of substance use disorders for over 25 years in the VA Boston Healthcare System. Dr. Brief's research interests focus on evaluation of new treatments for substance use disorders and co-occurring substance use and PTSD, and the application of new technologies for delivering treatment for substance use and PTSD.

(Margaret) Maggi Budd, Ph.D., M.P.H., ABPP (Rehabilitation Psychology) Dr. Budd is a Clinical Rehabilitation Neuropsychologist, board certified by the American Board of Professional Psychology (ABPP), diplomate in Rehabilitation Psychology. Dr. Budd received her college and master's degree in Educational Psychology from Edinboro University, master's degree in public health from North Texas Health Science Center, and Doctorate in Clinical Health Psychology from University of North Texas. Dr. Budd completed a two-year postdoctoral residency at Johns Hopkins School of Medicine in conjoint neuropsychology and rehabilitation psychology. Dr. Budd is Instructor in the Department of Psychiatry, Harvard Medical School. She is director of the Rehabilitation Psychology program for VA Boston's program for practicum students and serves on the Biomedical Ethics Committee for VA Boston. Dr. Budd serves as Chairperson on the Research Committee for the Academy of Spinal Cord Injury Professionals (ASCIP). She is on the Board of Directors for the Massachusetts Neuropsychological Society (MNS) and serves as Chair for MNS Educational Committee. Her current research interests are in biomedical ethics, managing challenging patient behaviors, ethical and capacity issues concerning refusal of medical recommendations, sexual health with chronic nervous system impairment, and benefits for participants with central nervous system disabilities involved in adaptive sports and vocational achievement.

Sari Chait, Ph.D. Dr. Chait is a clinical psychologist who serves as the Health Behavior Coordinator for VA Boston, working directly in Primary Care and Behavioral Medicine. She earned her doctorate at the University of South Florida and completed her internship and postdoctoral fellowship at VA Connecticut. Dr. Chait's clinical and research interests are in the use of patient-centered interventions

in medical settings, particularly motivational interviewing, to help patients make health behavior changes, including smoking cessation and weight management. Of particular interest is identifying ways to increase the use of health coaching and motivational interviewing by medical staff during medical encounters.

Cynthia Chase, Ph.D. Dr. Cynthia Chase has over 30 years of experience in the psychological and neuropsychological assessment of disadvantaged children from a variety of cultural backgrounds and, as the former Director of the Neuropsychology Service in the Department of Psychiatry at Boston Medical Center; she has a particular interest in neurodevelopmental disability and educational advocacy. She has taught and supervised trainees in Psychology and in Pediatrics for many years. From 2006 – 2008, Dr. Chase served as the Director of Training in Psychology within the Department of Child Psychiatry at Boston Medical Center. Dr. Chase's clinical work and research on the neurodevelopmental and educational challenges faced by children with HIV began in 1988. She has served on a national level as the Chairperson of the Neurodevelopmental Working Group of the Women and Infants Transmission Study and as a member of the Neurology and Neuropsychology Committee of the Pediatric AIDS Clinic Trials Group. She also has a long-term relationship with the SPARK program, a program for children and families affected by HIV at its inception. The program has broadened and is now a therapeutic day care for children with a variety of medical and psychosocial challenges. Dr. Chase currently is the Director of Assessment and Advocacy and Interim Director of Training at the Spark Center. Finally, during the 2013 – 2014 training year, Dr. Chase resumes a significant role within the Internship Program, serving as the primary supervisor for interns training at the SPARK Center.

Kysa Christie, Ph.D. Dr. Christie is a clinical psychologist with the Spinal Cord Injury unit in West Roxbury. She received her doctorate in Clinical Psychology from the University of Southern California. She completed her internship at the UCLA Semel Institute for Neuroscience & Human Behavior, and psychology fellowship with an emphasis in Palliative Care at the VA Palo Alto. Her research and clinical interests are in health psychology and palliative care, particularly working with patients and families coping with acute and chronic illness. She supervises interns on the Rehabilitation Psychology rotation in West Roxbury.

Kevin Clancy, Ph.D. Dr. Kevin Clancy is a counseling psychologist providing couples therapy to veterans and their spouses/partners in which there has also been a substance abuse problem for one or both partners. The emphasis is on cognitive-behavioral approaches which help to improve the relationship and which assist in extending sobriety for one or both partners.

Barbara Cooper, Ph.D. Dr. Cooper earned her Ph.D. from the Psychology Department at George Washington University, Washington, DC and her internship in Clinical Psychology with a specialization in neuropsychology at Rush Presbyterian-St. Luke's Medical Center, Chicago, Illinois. In addition to private practice, she held these positions: staff psychologist in the Department of Neurology at Rush Presbyterian St. Luke's Medical Center; staff psychologist in the Ambulatory Mental Health Clinic at

Great Lakes Naval Hospital; Division Head of the SARP at Great Lakes Naval Training Center, Great Lakes, Illinois. The focus of her work has been on providing clinical services (*i.e.*, neuropsychological evaluations, individual, couples, and group psychotherapy) and later administration for which she was awarded NHGL Civilian of the year in 2002 and then the Meritorious Civilian Service Award for meritorious service or contributions resulting in high value or benefits for the Navy or the Marine Corps in 2010. During her years at Great Lakes, she held an appointment as a lecturer in Psychology at the University of Illinois Medical School and also served as a supervisor for graduate students in psychology from both The Rosalind Franklin University of Medicine and Science and The Illinois Institute of Technology. She has been with the West Roxbury SCI unit since March 2011 where she mostly works in the Outpatient Clinic where she performs annual evaluations and engages in individual and couples' psychotherapy and leads a medical issues group for inpatients.

Erin Scott Daly, Ph.D. Dr. Daly is a clinical psychologist who currently serves as the Director of the Center for Returning Veterans, and Assistant Professor of Psychiatry in the Boston University School of Medicine. She earned her doctorate in clinical psychology from Temple University, and completed both her pre-doctoral internship and her postdoctoral fellowship within the VA Boston Healthcare System. In addition to her clinic leadership role, Dr. Daly is actively involved in providing clinical services to returning combat veterans presenting with a broad range of post-deployment mental health concerns and provides supervision to psychology trainees at all levels (practicum, pre-doctoral internship, and post-doctoral fellowship). Dr. Daly also serves as VA Boston's mental health "champion" for OEF/OIF/OND veterans.

Eve H. Davison, Ph.D. Dr. Davison directs the Women's Stress Disorder Treatment Team, an outpatient trauma-focused clinic affiliated with the Women's Health Sciences Division of the National Center for PTSD. She earned her doctorate from University of California, Santa Barbara, and completed a postdoctoral fellowship in clinical geropsychology at Hillside Hospital, Long Island Jewish Medical Center. She is very involved in training, serving as Director of Clinical Training for the Women's Division and as Jamaica Plain's Site Director for the internship, as well as supervising several trainees each year. She is Assistant Professor of Psychiatry at Boston University School of Medicine; her research lies in the area of trauma and aging, and she co-directs the Stress, Health, and Aging Research Program at VA Boston.

Justin L. Enggasser, Ph.D. Dr. Enggasser is a clinical psychologist, the Section Chief for Substance Abuse Treatment Programs at VA Boston Healthcare System, an Assistant Professor of Psychiatry at Boston University School of Medicine and Lecturer at Harvard Medical School. He earned his doctorate in clinical psychology from Illinois Institute of Technology and completed both the Boston Consortium pre-doctoral internship and a postdoctoral fellowship in addictions at VA Boston. Dr. Enggasser currently provides direct clinical care focused on addictions and co-occurring mental health problems for patients in both residential and outpatient treatment settings, and provides supervision of staff and trainees in these contexts. Dr. Enggasser is involved in grant-funded research focusing on developing

and testing new treatment models (*e.g.*, a gender-specific treatment protocol for women with substance use disorders) and treatment delivery methods (*e.g.*, a Web-based treatment program for returning veterans with problem drinking and symptoms of PTSD).

Michael Esterman, Ph.D. Michael Esterman is a co-founder of the Boston Attention and Learning Lab. He received his degree in cognitive psychology at University of California Berkeley, where he investigated spatial attention and object perception using transcranial magnetic stimulation (TMS) and fMRI. In his post-doctoral fellowship at Johns Hopkins University, he investigated the neural mechanisms of cognitive control, with an emphasis on using fMRI and pattern classification to decode attentional states. He is now an Assistant Professor of Psychiatry at the Boston University School of Medicine, and core faculty in the VA Boston Neuroimaging Center. Mike's current interests include developing behavioral assessments and investigating the neural basis of attentional control and distractibility, in both healthy young and old adults, as well as in patients with PTSD and focal brain injury.

Scott Fish, Ph.D. Dr. Fish is a clinical neuropsychologist in the Inpatient Mental Health Service on the Brockton Campus of the VA Boston Healthcare System. He earned his Ph.D. in 2009 from the San Diego State University / University of California, San Diego Joint Doctoral Program in clinical psychology with a specialization in clinical neuropsychology. He completed a predoctoral internship at McLean Hospital, followed by a postdoctoral neuropsychology fellowship at Massachusetts Mental Health Center / Beth Israel Deaconess Medical Center. He holds an academic appointment as Instructor of Psychology within the Department of Psychiatry at Harvard Medical School. Dr. Fish operates primarily as a consultant to interdisciplinary treatment teams across several sub-acute and acute psychiatric units where he provides neuropsychological, capacity, psychodiagnostic, and risk evaluations. He is actively involved in teaching and clinical supervision of psychology trainees in the Inpatient Mental Health Service and Geriatric Mental Health Clinic on the Brockton Campus. His clinical and research interests include neuropsychological and social-cognitive impairment in major psychiatric and neurodegenerative disorders, with an emphasis on decision-making capacity and daily functioning.

Lisa M. Fisher, Ph.D. Dr. Fisher is a clinical psychologist at the National Center and Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. She is the Associate Director for Clinical Programs within the Behavioral Science Division and Director of the PTSD clinical team. She has been extensively involved in training since coming to the National Center in 1989, serving as a primary clinical supervisor for the PTSD interns and postdoctoral fellows. Her clinical interests and experience are in the areas of PTSD, anxiety and psychotic disorders. Dr. Fisher is also involved in outcome and program evaluation research.

Catherine Fortier, Ph.D. Dr. Fortier is a research neuropsychologist at the VA Boston Healthcare System and Assistant Professor of Psychiatry at Harvard Medical School. She is a principal investigator in the Geriatric Neuropsychology laboratory and the Associate Clinical Director and Principal Investigator in the VA Rehabilitation Research and Development Center of Excellence: The

Translational Research Center for TBI and Stress Disorders (TRACTS). Dr. Fortier has recently published the Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L), which is designed to characterize mild TBI and blast exposure in OEF/OIF Veterans and was developed by TRACTS. Additionally, Dr. Fortier has funded studies on conditioning and learning in alcoholism and neuropsychological and morphometric characteristics of patients at risk for developing cerebrovascular disease using advanced high resolution structural MRI.

Melissa Ming Foynes, Ph.D. Prior to receiving her doctorate from the University of Oregon, Dr. Foynes completed her internship at Yale University School of Medicine, where she received intensive training in Dialectical Behavior Therapy. She completed her Clinical Postdoctoral Fellowship in PTSD at the National Center for PTSD, where she continued to receive advanced training in utilizing evidence-based practice to treat trauma-related mental health difficulties in complex patient populations. Dr. Foynes currently serves as the Clinical Programs and Practices Coordinator for VA Mental Health Services' national Military Sexual Trauma (MST) Support Team. The MST Support Team works at a national level within the Veterans Health Administration to promote best practices in the field and enhance trauma-informed services for Veterans who have experienced MST. The team also works closely with the national VA Mental Health Services program office to make recommendations regarding national policy related to MST. Dr. Foynes also serves as a Clinical Psychologist in the Women's Health Sciences Division of the National Center for PTSD, where her research focuses on the impact of diversity and discrimination on trauma and recovery. Dr. Foynes provides mentorship and supervision to trainees at all levels as well as direct clinical care to female veterans as a member of VA Boston's Women's Stress Disorder Treatment Team.

Matthew W. Gallagher, Ph.D. Dr. Gallagher is a staff psychologist in the Behavioral Science Division of the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Gallagher received his Ph.D. in clinical and quantitative psychology in 2011 from the University of Kansas. He completed his predoctoral internship at the Boston Consortium and completed a postdoctoral fellowship at the Center for Anxiety and Related Disorders at Boston University. His research interests include evaluating the efficacy of transdiagnostic treatments for PTSD and anxiety disorders, identifying mechanisms of change of empirically supported treatments, and understanding how positive thinking (e.g., hope, optimism, self-efficacy) promotes well-being and provides resilience to PTSD and other anxiety disorders. Dr. Gallagher is also very interested in methods of longitudinal data analysis (e.g. MSEM, latent growth curve modeling, multilevel modeling) and regularly consults regarding these methods.

Laura Grande, Ph.D. Laura Grande received her Ph.D. in Clinical Psychology with a specialty in Neuropsychology from the University of Florida in 2002. She completed an internship in Neuropsychology under the supervision of William Milberg, Ph.D. at the VA Boston Healthcare System, and a post-doctoral fellowship in Geriatric Neuropsychology also at the VA Boston Healthcare System. In October 2007, Dr. Grande began her position as the Director of Clinical Neuropsychology and has an

appointment as Assistant Professor at Boston University School of Medicine. Her research has focused on the role of subcortical structures in selective attention, with a specific interest in inhibitory processes. Most recently she has extended her research interests to include the impact of blast exposure on cognitive functions in soldiers and veterans returning from deployment to Iraq.

Kristin Gregor, Ph.D. Dr. Kristin Gregor received her doctorate in Clinical Psychology from the University of Vermont. She completed her predoctoral internship at the Boston Consortium in Clinical Psychology through the VA Boston Healthcare System. She completed a postdoctoral fellowship through the Warren Alpert School of Medicine at Brown University. Currently, she is a Clinical Research Psychologist affiliated with numerous projects within the Women's Health Sciences Division of the National Center for PTSD at VA Boston, as well as an Assistant Professor in Psychiatry through Boston University School of Medicine. Dr. Gregor's clinical interests are focused primarily in the treatment of behavioral health issues such as smoking, as well as medical issues such as chronic pain. Her research focuses on examining psychiatric mechanisms underlying smoking onset and maintenance, as well as the role of psychiatric disorders in interfering with successful cessation. Her work predominantly focuses on the relationship between smoking and PTSD.

Jasmeet Pannu Hayes, Ph.D. Dr. Pannu Hayes is a staff psychologist in the Behavioral Sciences Division of the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. She is a core faculty member of the Neuroimaging Center, VA Boston, and director of the Trauma Memory Laboratory (TML). Dr. Pannu Hayes received her Ph.D. in clinical psychology (emphasis clinical neuropsychology) in 2006 from the University of Arizona. She completed her predoctoral internship in neuropsychology with Dr. William Milberg at the Boston Consortium and postdoctoral work with Drs. Kevin LaBar and Gregory McCarthy at the MIRECC, Durham VAMC, and Brain Imaging and Analysis Center at Duke University. She is currently funded by a career development award through NIH to study functional changes in the brain associated with trauma memory and emotion regulation using fMRI. Dr. Pannu Hayes' clinical interests include neuropsychological assessment of TBI and PTSD in returning OEF/OIF veterans.

Scott M. Hayes, Ph.D. Dr. Hayes is a neuropsychologist in the Neuroimaging Research Center and Memory Disorders Research Center at VA Boston Healthcare System and Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. He received his Ph.D. in Clinical Psychology (emphasis: Neuropsychology) from the University of Arizona and completed his postdoctoral fellowship at Duke University. His research has been funded by the National Institute on Aging and focuses on investigating the neural underpinnings of episodic memory using functional Magnetic Resonance Imaging (fMRI) and structural MRI (diffusion tensor imaging and volumetrics). Dr. Hayes' recent work has begun to focus on the role of individual differences in neuroplasticity, such as assessing the role of aerobic fitness on cognitive status, neural function, and neural structure. This work has important implications for identification of individuals who may be at risk for

neurodegenerative disease as well as those who may benefit from cognitive training or exercise programs.

Ellen Healy, Ph.D. Dr. Healy is the Training and Education Coordinator for the Cognitive Processing Therapy (CPT) Implementation Program. She is a CPT trainer and consultant and she coordinates the National Roll-out for CPT, which is part of the VA-wide initiative to disseminate evidence based psychotherapies funded through Mental Health Services in VA Central Office. She leads CPT consultation for clinicians trained in the Roll-out and also for trainees at the VA Boston Internship. She received her Ph.D. in Psychology from Catholic University. Dr. Healy completed a predoctoral internship at the Washington DC VAMC and completed a PTSD clinical postdoctoral fellowship at the Boston Consortium. Her clinical and research interests include cognitive and behavioral treatment of trauma, anxiety and mood, evidence-based psychotherapy implementation and program evaluation. Dr. Healy is also actively involved in the clinical treatment of female veterans and supervision of trainees within VA Boston's Women's Stress Disorder Treatment Team.

Diana M. Higgins, Ph.D. Dr. Higgins is a staff psychologist in the VABHS Pain Clinic and is an Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. She received her doctorate in clinical psychology from the University of Maine, completed her predoctoral internship in clinical health psychology at VA Connecticut Healthcare System, and completed postdoctoral training at Massachusetts General Hospital. Prior to joining the faculty at VABHS, she worked as a clinical research psychologist at VA Connecticut and held a faculty appointment at Yale University, School of Medicine, where she continues to collaborate on several research grants. Dr. Higgins has research interests in chronic pain and overweight/obesity. Her current research involves clinical trials for pain conditions using technology (e.g., IVR, smartphone applications, Internet) to increase access to evidence-based interventions for chronic pain. One of her most recent grants examines the efficacy of an Internet-based behavioral pain management intervention for chronic low back pain. Dr. Higgins also conducts health services research on disparities in chronic pain, including the impact of overweight/obesity on access to and outcomes of pain care. Dr. Higgins supervises trainees in psychology pain management.

Justin M. Hill, Ph.D. Dr. Hill is a clinical psychologist, Assistant Professor of Psychiatry at Boston University, and Director of the General Mental Health program at the Jamaica Plain campus of the VA Boston Healthcare System. A graduate of Suffolk University in 2008, Dr. Hill completed his clinical internship and post-doctoral fellowship at the VABHS. In addition to providing individual and group psychotherapy, Dr. Hill has been involved with the supervision of clinical psychology and social work trainees.

Kate L.M. Hinrichs, Ph.D. Dr. Hinrichs is the Staff Psychologist providing consult-liaison services in the Community Living Center and is a major supervisor within the Geropsychology training program at the Brockton campus of the VA Boston Healthcare System. She earned her doctorate in Counseling Psychology from Colorado State University. Dr. Hinrichs completed her pre-doctoral internship and her

postdoctoral clinical fellowship in the Geropsychology track at the Palo Alto VA Health Care System. She holds a faculty appointment at Harvard Medical School and serves as the co-chair for the Aging Committee within APA Division 44 (LGBT). Clinical interests include treating medically and psychologically complex patients, geriatrics, end of life care, and behavioral management.

Darren W. Holowka, Ph.D. Dr. Holowka is a research psychologist in the Behavioral Sciences Division of the National Center for PTSD and Research Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Holowka earned his Ph.D. in clinical psychology from the University of Massachusetts Boston and completed his internship at the Royal Ottawa Mental Health Centre. His research focuses on PTSD symptomatology and associated functioning, as well as anger and violence in the context of trauma. He provides direct care to veterans with histories of trauma and clinical supervision to psychology trainees. His clinical interests include PTSD, behavior therapy and the role of contextual factors in shaping responses to trauma.

Sandra Japuntich, Ph.D. Dr. Sandra Japuntich received her doctorate in Clinical Psychology from the University of Wisconsin-Madison. She completed her predoctoral internship at the Brown University Medical School Consortium with her primary placement at the Providence VAMC and her postdoctoral fellowship in Behavioral Medicine at the Massachusetts General Hospital. Currently, she is a researcher and clinician in the Women's Health Sciences Division of the National Center for PTSD at VA Boston. Dr. Japuntich's main clinical interests include post-traumatic stress disorder and health behavior change. Her research interests include treatment for tobacco cessation, particularly among mental health populations.

Barbara W. Kamholz, Ph.D. Barbara Wolfsdorf Kamholz received her Ph.D. in clinical psychology from the University of Miami in 1998. Following completion of a clinical internship at the VA Boston Healthcare System and an NIH-funded post-doctoral fellowship in combined treatment outcome research at Brown University, she returned to VA Boston. Dr. Kamholz is an Assistant Professor of Psychiatry and Psychology at Boston University. She is the Acting Assistant Director, VABHS Mental Health Outpatient Services, and Co-Director VABHS Mood Disorders Clinic. In addition, she supervises psychology interns and psychiatry residents in the assessment and empirically supported treatment of mood and related disorders. Her current clinical and research interests involve patients with affect-regulation disorders (including depression, posttraumatic stress disorder, and addiction). She is the Principal Investigator on two federally-funded grants (NIDA/NIMH and VA) focused on the evaluation and treatment of mood and coping difficulties among co-occurring psychiatric and addictive disorders, and is Co-Investigator on three additional federally-funded studies investigating similar issues.

Phillip M. Kleespies, Ph.D., ABPP. Dr. Kleespies was awarded his doctoral degree in Clinical Psychology by Clark University in 1971. He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology and a Fellow of the American Psychological Association (Division 12 - Society of Clinical Psychology). He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. Dr. Kleespies was the founding President of the Section on Clinical

Emergencies and Crises (Section VII of Division 12, American Psychological Association) and remained on the Section's Board of Directors as Treasurer (2002-2007). He is now on the Advisory Board of Section VII. He continues to serve as the Chairperson of Section VII's Task Force on Education and Training in Behavioral Emergencies. Dr. Kleespies has numerous presentations and publications on the topics of evaluating and managing suicidal and violent behavior, end-of-life issues, and the impact of patient behavioral emergencies on clinicians. Most recently in 2013, he was the honored recipient of the "Outstanding Clinician Award" by the VA Section of APA Division 18 (Psychologists in Public Service). He is involved in instructing and supervising psychology interns and post-doctoral fellows in the evaluation and management of behavioral emergencies. His current research project is focused on the study of correlates of self-injurious behavior in a veteran population. For many years, Dr. Kleespies participated as a member of the VA Boston Ethics Advisory Committee and the VA Boston Palliative Care Consult Team. He has published and presented on topics relevant to the ethics of end-of-life care such as advance care planning, decision-making capacity, the refusal of life-sustaining treatment, the futility of treatment debate, and the assisted suicide debate. He has retired from full-time VA employment, but continues to function as a consultant for mental health with the Disruptive Behavior Committee and in the Urgent Care Clinic at the Jamaica Plain campus.

Julie Klunk-Gillis, Ph.D. Dr. Klunk-Gillis is the Clinical Director of the PTSD Clinic and a Staff Psychologist in the Center for Returning Veterans at the Brockton campus of the VA Boston Healthcare System. She earned her doctorate in Clinical Psychology from the University of Massachusetts Boston. She completed her internship at the Boston Consortium and her postdoctoral clinical research fellowship in the National Center for PTSD. She serves as a Cognitive Processing Therapy (CPT) consultant and is also certified in Prolonged Exposure treatment for PTSD. Her research interests include utilization of mental health services amongst veterans of color, cognitive changes related to experiences of trauma, and the role of mindfulness in the treatment of PTSD

Karen Krinsley, Ph.D. Dr. Krinsley is the PTSD Section Chief for VA Boston Healthcare System, responsible for administration of the PTSD programs across sites. She is affiliated with the National Center for PTSD, Behavioral Sciences Division, is an Assistant Professor of Psychiatry at Boston University School of Medicine, and is one of two PTSD Mentors for VISN 1, the New England region of Veterans Affairs. She received her Ph.D. from Rutgers University in 1991, and has worked at VA Boston for 20 years, as a clinician, administrator, and researcher. Dr. Krinsley is trained, provides, and supervises evidence-based treatments such as exposure-based therapy for PTSD, Cognitive Processing Therapy, Seeking Safety, and other treatments for PTSD and comorbid disorders. With Dr. Lisa Najavits, Dr. Krinsley is the PI on a Merit review grant to pilot a treatment for PTSD and Substance Use Disorders.

Stephen R. Lancey, Ph.D. Dr. Lancey is a clinical psychologist at the Jamaica Plain campus of the Boston VA Healthcare System. Dr. Lancey is the Director of Admissions for the VA Boston Internship in Clinical Psychology and is the past Director of Clinical Training at the Jamaica Plain Campus. A graduate

of the University of Notre Dame, Dr. Lancey completed his internship in psychology at the Boston VA Medical Center and his post-doctoral fellowship through Psychiatry Service at the same facility. Dr. Lancey has staff experience with Neurology Service at the VA Outpatient Clinic in Boston, Spinal Cord Injury Service at West Roxbury, Psychiatry Service, and Rehabilitation Medicine Services at Jamaica Plain. He is a clinical supervisor for trainees in the General Mental Health Clinic and Behavioral Medicine rotations. Dr. Lancey also serves as a Staff Mentor. He holds faculty positions as an Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine, and Senior Lecturer at Northeastern University.

Elizabeth C. Leritz, Ph.D. Dr. Leritz received her Ph.D. in Clinical Psychology with specialization in Neuropsychology from the University of Florida in 2004. She completed an internship and post-doctoral fellowship in Geriatric Neuropsychology at the VA Boston Healthcare System. Dr. Leritz is currently an investigator in the Geriatric Neuropsychology Laboratory at the VA Boston, and is an Instructor of Medicine at Harvard Medical School and the Brigham and Women's Hospital Division of Aging. Dr. Leritz's early work focused on understanding how memory functioning is affected in individuals who are at risk for neurodegenerative diseases such as Alzheimer's disease (AD) and cerebrovascular disease (CVD). Since that time, she has broadened the scope of her work to include neuroimaging in order to better understand the interplay between risk factors and neuropsychological function. Her current research, supported by a Career Development Award from the National Institute of Neurologic Disorders and Stroke, examines the differential effects that AD and CVD risk factors have on brain structure and cognition. She will also determine how cognitive reserve mediates these relationships over time. Dr. Leritz also has clinical interests in the evaluation of language disorders and supervises trainees who are involved in Neurobehavioral Rounds.

Scott D. Litwack, Ph.D. Dr. Scott D. Litwack is a staff psychologist who works within the Center for Returning Veterans, PTSD Clinic, and the Substance Abuse Program. He earned his doctorate in Clinical Psychology from the University of Connecticut and completed his pre-doctoral internship at the Boston Consortium. Following internship, he completed a postdoctoral clinical research fellowship in the Behavioral Sciences Division of the National Center for PTSD and in the PTSD Clinic. His major clinical and research interests are in the areas of treatment of PTSD and its comorbidities, particularly PTSD-SUD comorbidities, and he has experience in the provision of PTSD treatment across the life-span. He also has interests in issues of diversity, dialectical behavior therapy, and relapse prevention.

Brian P. Marx, Ph.D. Dr. Marx is a staff psychologist at the Behavioral Science Division of the National Center for PTSD in the VA Boston Healthcare System. He also has a joint appointment as a Professor of Psychiatry at Boston University School of Medicine. Dr. Marx received his Ph.D. in clinical psychology in 1996 from the University of Mississippi. Dr. Marx is an expert in behavior therapy, PTSD assessment, and the effects of trauma. He has published over 75 papers and book chapters, mostly focused on trauma and its sequelae. He serves on the editorial board of several scientific journals and has served as a grant reviewer for the National Institutes of Mental Health. Currently, he is funded by grants from

the Departments of Defense and Veterans Affairs. He currently supervises psychology interns and postdoctoral fellows in the assessment and treatment of PTSD.

Susan McGlynn, Ph.D., ABPP/cn. Dr. McGlynn is the clinical neuropsychologist for the Polytrauma Network Site at the VA Boston Healthcare System. In this role, Dr. McGlynn works as part of an interdisciplinary treatment team in evaluating OIF/OEF patients for possible traumatic brain injury related to blast exposure or blunt head injury, developing treatment plans for patients, providing feedback regarding results and recommendations, and ensuring that appropriate mental health services are provided. She also provides neuropsychological assessment services to the Comprehensive Integrated Inpatient Rehabilitation Program at our West Roxbury Campus. Dr. McGlynn is active in training within the Neuropsychology programs, particularly in the area of polytrauma and inpatient rehabilitation, and supervises psychology postdoctoral fellows, interns, and practicum students. She also serves as Co-Director of the Neuropsychology Fellowship Track. She established and continues to organize the Neuropsychology Lecture Series with guest speakers from academic and clinical institutions in the Boston area. Dr. McGlynn earned her doctorate in clinical psychology from the University of Arizona with a specialization in neuropsychology. She is board certified in Clinical Neuropsychology through the American Board of Professional Psychology. She completed her internship at the Brockton/West Roxbury VA Medical Center and post-doctoral work at McLean Hospital working with a psychiatric/geriatric population. She has extensive clinical experience working in an outpatient rehabilitation setting where she provided treatment and assessment of brain injured patients within a community re-entry program. Areas of interest include traumatic brain injury, deployment related cognitive disorders, metacognition/awareness of deficits, and rehabilitation. She actively consults on and facilitates research through the Memory Disorder Research Center (MDRC) and the Translational Research Center for TBI and Stress Disorders (TRACTS).

William Milberg, Ph.D., ABPP/cn Dr. Milberg is the founder and co-director of the Geriatric Neuropsychology Laboratory and the Associate Director of Research for the New England Geriatric Research, Education and Clinical Director. He is also the director of the participant characterization core for the newly funded VA Rehabilitation Research and Development Center of Excellence: The Translational Research Center for TBI and Stress Disorders (TRACTS). The Geriatric Neuropsychology Laboratory has been funded for nearly thirty years to study such issues as semantic memory and attentional disorders in Alzheimer's disease, and the neural basis of the phenomenon of hemispatial neglect that occurs with stroke. Additionally, Dr. Milberg has funded studies on conditioning and learning in alcoholism and are interested in the anatomical, physiological and neuropsychological characteristics of patients at risk for developing cerebrovascular disease. Dr. Milberg has studies in place to examine study cerebral white matter changes and cerebral blood flow changes that are associated with these risk factors using advanced high resolution structural MRI morphometry. Finally, Dr. Milberg studies neglect and have begun testing promising new treatments for some of these stroke

related symptoms employing low level electric current used to stimulate the vestibular system and newly developed cognitive therapy techniques.

Mark W. Miller, Ph.D. Dr. Miller is a member of the National Center for PTSD faculty and an Associate Professor of Psychiatry at Boston University School of Medicine. He received his Ph.D. from Florida State University and completed his internship and post-doctoral training at the National Center for PTSD. His research focuses on the structure of PTSD comorbidity and its personality and genetic substrate and is funded by VA and NIMH. He is an Associate Editor for the Journal of Traumatic Stress. He also serves on editorial boards of the Journal of Abnormal Psychology and Psychological Trauma: Theory, Research, Practice and Policy and the advisory board of the University of Minnesota Press Test Division which publishes the MMPI family of tests. He has a private forensic practice focused on PTSD-related matters in civil and criminal courts. Dr. Miller supervises the research and clinical work of pre-doctoral interns, post-doctoral fellows, and clinical psychology graduate students.

Karen Mitchell, Ph.D. Dr. Mitchell is a Clinical Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System. She also is an Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Mitchell received her doctorate in Counseling Psychology from Virginia Commonwealth University, with a subspecialty in quantitative methodology. While in graduate school, she also completed an NIMH T32 predoctoral fellowship in psychiatric and statistical genetics. She completed a pre-doctoral internship at the Louis Stokes Cleveland DVAMC prior to entering her current position. Dr. Mitchell's research focuses on the genetics of eating disorders and PTSD. She currently is working on projects for an NIMH K01 focusing on gene-environment interplay in PTSD and disordered eating. Other interests include obesity and weight disorders such as metabolic syndrome. Dr. Mitchell is available as a clinical supervisor and research mentor.

Michelle Mlinac, Psy.D. Dr. Mlinac is a staff psychologist for the Home-Based Primary Care program covering the Jamaica Plain HBPC team. She provides clinical services to homebound veterans with chronic illness and comorbid mental health issues. Dr. Mlinac received her doctorate in clinical psychology from Xavier University. She completed her predoctoral internship at Temple University Health Sciences Center, and completed a postdoctoral fellowship in Clinical Geropsychology at the VABHS. Her clinical and research interests include resiliency in aging, heart failure, and treatment adherence. She is presently collaborating with the University of Rhode Island Department of Gerontology on a longitudinal study of maintenance of health behaviors in older adults.

DeAnna L. Mori, Ph.D. Dr. Mori is the Director of the Behavioral Medicine Program, and an Assistant Professor of Psychiatry at the Boston University School of Medicine. She earned her doctorate in Clinical Psychology at Vanderbilt University and completed her internship at the VABHS. Her clinical interests include facilitating psychological adjustment to chronic illness and improving adherence to medical regimens, pre-surgical treatment decision making, and expanding patient access to treatment. Dr. Mori's research interests include using telehealth interventions to enhance medical adherence and

to promote healthy lifestyle and physical activity in medical patients, and the comorbidity between medical illness and PTSD. She has had multiple federally funded grants that support her clinical research program. Dr. Mori has been supervising graduate students, psychology interns, and postdoctoral fellows in behavioral medicine assessment and treatment and research for over 20 years.

Michelle Mlinac, Psy.D. Dr. Mlinac is a staff psychologist for the Home-Based Primary Care program covering Jamaica Plain, Brockton, and Worcester catchment areas. She provides clinical services to homebound veterans with chronic illness and comorbid mental health issues. Dr. Mlinac completed her predoctoral internship at Temple University Health Sciences Center, and completed a postdoctoral fellowship in Clinical Geropsychology at the VABHS. Her research interests include resiliency in aging, longitudinal health behaviors and treatment adherence. She is presently collaborating with the University of Rhode Island Department of Gerontology on a longitudinal study of health promotion in older adults.

Jennifer Moyer, Ph.D. Dr. Moyer earned her doctorate in Clinical Psychology from the University of Minnesota. She completed her internship, and postdoctoral fellowship in Geropsychology. Dr. Moyer is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and is the Director of the Geriatric Mental Health. In her clinical role Dr. Moyer provides outpatient psychotherapy to older adults referred to the Geriatric Mental Health Clinic, and supervises interns providing such interventions. Dr. Moyer leads a geropsychology research laboratory focusing on the intersection of ethics, law, and aging. With her team she has investigated methods to improve capacity evaluation, focusing on the relationship of clinical assessment to neuropsychological tests, diagnostic groups, and statutory frameworks. She has also studied means to enhance access to and quality of care for older patients with multiple comorbidities including patients with depression, anxiety, dementia, as well as cancer survivors. In addition to being the author of more than 90 peer reviewed publications, she is the editor of three handbooks produced by the American Bar Association and American Psychological Association on capacity assessment. She has testified before the Senate Committee on Veterans Affairs and before the Joint Judiciary Committee of the Commonwealth of Massachusetts. She has been recognized with numerous regional and national awards for her work including Harvard Medical School's Deans Award for Community Service, the Massachusetts Guardianship Association Isaac Ray Award, and the American Psychological Association Committee on Aging's Award for the Advancement of Psychology and Aging, and the Society for Clinical Geropsychology Distinguished Mentorship Award.

Elizabeth Mulligan, Ph.D. Dr. Mulligan is a staff psychologist in the Geriatric Mental Health Clinic at the Brockton Campus. She provides outpatient individual, family, and group psychotherapy to older adults and supervises interns and fellows in this clinic. She also serves as the coordinator of Geropsychology training at VA Boston and the co-coordinator of the weekly Geriatric Mental Health Seminar. She is an Instructor of Psychology in the Department of Psychiatry at Harvard Medical School and is actively involved in the teaching and supervision of psychiatry residents through the Harvard

South Shore Program. Dr. Mulligan serves as an officer on the Council of Professional Geropsychology Training Programs and a member of the Society of Clinical Geropsychology's Public Policy Committee. Her primary clinical and research interests include caregiving, bereavement, chronic illness including cancer survivorship, late-life family relationships, and PTSD and aging. Dr. Mulligan earned her doctorate in Clinical Psychology from Washington University in St. Louis and is a graduate of the internship and fellowship programs at VA Boston, both with specializations in clinical geropsychology.

Barbara L. Niles, Ph.D. Dr. Barbara Niles is a staff psychologist at the Behavioral Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at the Boston University School of Medicine. Dr. Niles has expertise in working with veterans with PTSD and co-morbid disorders. Her research focuses on the promotion of health-promoting behaviors such as exercise and meditation in traumatized populations. Dr. Niles has been supervising graduate students, psychology interns, and postdoctoral fellows in assessment and treatment of PTSD and research for 20 years.

Timothy J. O'Farrell, Ph.D., ABPP Dr. O'Farrell is Professor of Psychology in the Harvard Medical School Department of Psychiatry at the VA Boston Healthcare System where he directs the Families and Addiction Program and the Counseling for Alcoholics' Marriages (CALM) Project. His clinical and research interests focus primarily on couple and family therapy in alcoholism and drug abuse treatment and various aspects of substance abusers' family relationships including partner violence, child functioning, and sexual adjustment. His 4 books include *Treating Alcohol Problems: Marital and Family Interventions* (1993) and *Behavioral Couples Therapy for Alcoholism and Drug Abuse* (2006).

John Otis, Ph.D. John Otis is an Associate Professor of Psychology and Psychiatry at Boston University, and the Director of Pain Research at the VA Boston Healthcare System. He received his graduate training in Health Psychology at the University of Florida, specializing in the assessment and treatment of chronic pain. Dr. Otis has conducted research and produced scholarly writing about pain throughout the lifespan. He has focused his clinical research career on the development of innovative approaches to pain management, tailored to specialized patient populations. Dr. Otis currently has several funded research projects; one of his ongoing studies examines ways to develop pain management programs for patients with painful diabetic neuropathy, and his most recent grant focuses on developing an intensive, integrated treatment for OEF/OIF Veterans with chronic pain and PTSD. Dr. Otis supervises graduate students in the Psychology Pain Management Program.

John R. Pepple, Ph.D. Dr. Pepple is one of the major supervisors for the Inpatient/Therapeutic Recovery rotation. He earned his doctorate in Clinical Psychology from Michigan State University, and completed his pre-doctoral internship at the Massachusetts Mental Health Center. Dr. Pepple is an Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School in the Teacher-Clinician Track. Prior to coming to our service, Dr. Pepple participated in major NIMH and VA Cooperative Study research initiatives investigating the neuropsychology and molecular genetics of schizophrenia, and has co-authored over 15 articles in these areas. Dr. Pepple has been supervising psychology interns and postdoctoral fellows in the assessment and treatment of male and female

veterans with severe psychopathology for over 20 years. He is currently a clinical neuropsychologist assigned to Inpatient Psychiatry on the Brockton Campus. In the area of assessment, Dr. Pepple's clinical interests include investigation of neuropsychological deficits in major psychiatric disorders, particularly in the domains of attention, memory, and executive function, and psychodiagnostic and risk assessments based on clinical interview and objective measures (PAI, MMPI-2). Dr. Pepple's major areas of interest as a psychotherapy supervisor are: motivational enhancement therapy; application of CBT, DBT, and mindfulness approaches for the acute treatment of trauma, affective dysregulation, self-injurious behavior, and suicidality; the common and specific factors for psychotherapy; and issues related to self-reflective care.

Suzanne Pineles, Ph.D. Dr. Pineles is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD (NCPTSD-WHSD) and Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Pineles provides supervision of clinical cases, attends WSDTT team meetings, and is available for research supervision. Her primary research interests are in the areas of cognitive and biological processes involved in maintaining PTSD. In particular, she recently completed data collection on two projects: one investigating the psychophysiology and neurobiology of PTSD across the menstrual cycle and a second examining neurobiological and psychophysiological predictors of successful smoking cessation in individuals with PTSD.

Stephen Quinn, Ph.D. Dr. Stephen Quinn is a clinical psychologist on the PTSD Treatment Team, JP Campus, and affiliated with the Behavioral Sciences Division of the National Center for PTSD. Dr. Quinn earned his doctorate in Clinical Psychology from The University at Albany, State University of New York. He has expertise in the assessment and treatment of traumatized populations with PTSD, anxiety disorders, and multiple co-morbidities; with particular interests in ACT, mindfulness, and trauma-focused interventions. Dr. Quinn has supervised the clinical activities of practicum students, interns, and postdoctoral fellows for the past 20 years.

Ann M. Rasmusson, M.D. Dr. Rasmusson is the Psychiatry Liaison, PTSD Research and Education, VA Boston Healthcare System, a Research Affiliate of the VA National Center for PTSD, Women's Health Sciences Division (NC-PTSD, WHSD), and an Associate Professor of Psychiatry at Boston University School of Medicine. Dr. Rasmusson is involved in the clinical and research training, as well as career development of psychiatry residents and psychologists interested in translational research (genes to clinical phenotype). She has over 50 peer-reviewed publications and several grants supported by NIH, DOD, VA and private foundations.

Monica Roy, Ph.D. Dr. Roy is a clinical psychologist who is the program manager for the Jamaica Plain Outpatient Alcohol and Drug Treatment Program (ADTP) and Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). She received her Ph.D. from Nova Southeastern University in 2007 and trained at the Boston Consortium as an intern and postdoctoral fellow in the substance abuse treatment program at the Jamaica Plain campus of VA Boston. Dr. Roy plays an active role in training in the treatment of substance abuse and provides supervision for trainees at the

practicum, intern, and postdoctoral levels. Her clinical interests include providing empirically supported treatment for substance use disorders (SUD) and co-morbid disorders (*e.g.* Seeking Safety, Dialectical Behavior Therapy, Relapse Prevention, Acceptance and Commitment Therapy). Her research interests include SUD-PTSD treatment outcomes. She is currently involved in a research team that is working on creating web-based interventions for veterans with SUD and PTSD.

James L. Rudolph, M.D. As a Geriatrician and Palliative Care Physician, my over-arching goal is to improve clinical care for older patients. To date, my research work has focused on the long-term functional and cognitive effects of delirium after surgery. Using the skills acquired in this research, I recently turned my focus to developing system improvement for those vulnerable older patients. In the Delirium Toolbox quality improvement project, we were able to reduce restraint use and length of stay. The PILL Project identified cognitively impaired inpatients who were discharged from the hospital and provided pharmacist intervention to keep patients at home. Both programs were cost effective in the first operational year. Combining my research background, my quality improvement knowledge, and my program development skills, the proposed project is an optimal mechanism to improve clinical care and develop a program for dissemination.

Karen A. Ryabchenko, Ph.D. Dr. Ryabchenko is the Assistant Director of the PTSD Clinical Team. She earned her doctorate in Clinical Psychology at the State University of New York at Binghamton and completed her clinical internship and postdoctoral fellowship at the VA Boston. She was the Coordinator for PTSD and Returning Veterans Programs at the Bedford VA, before returning to Boston in 2009. She has been involved in the supervision and training of postdoctoral fellows, interns, and practicum students at both Bedford and Boston. She specializes in the assessment and treatment of PTSD and other Axis I and II disorders. Her major clinical and research interests are in the areas of assessment and treatment of PTSD and its comorbidities, access to care, and program development, improvement, and evaluation.

Naomi Sadeh, Ph.D. Dr. Sadeh is a staff psychologist in the Behavioral Science Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. She completed her graduate training at the University of Illinois at Urbana-Champaign and her clinical internship at the University of California, San Francisco. Dr. Sadeh's research examines why people engage in risky, impulsive, and self-destructive behavior, with a special emphasis on elucidating how trauma exposure and posttraumatic stress confer risk for these harmful behaviors. She has expertise in suicidal behavior, violence perpetration, and personality disorders associated with chronic dysregulation and destructive behavior. She is currently investigating biomarkers of PTSD, neurobiological indicators of impulse control problems in PTSD, and how motivational and emotional processes relate to reckless and self-destructive behavior in trauma-exposed groups.

Erica R. Scioli-Salter, Ph.D. My graduate training involved developing expertise in both general clinical and health psychology. Starting with my graduate thesis and dissertation projects, I developed a programmatic line of research in health promotion (adoption and maintenance of multiple health

behaviors including exercise, smoking cessation and nutritious eating) with a particular focus on exercise motivation as a gateway to adopting other health behaviors. During my internship and postdoctoral training within the VA, my program of research evolved towards integrating health behavior change (*e.g.*, exercise adoption and maintenance) within medically and psychiatrically complex populations, such as veterans suffering from chronic pain and PTSD. As I learned more about the biopsychosocial model of these highly comorbid disorders, I developed an interest in better understanding the psychological and neurobiological response to exercise among this population, with the long-term goal of developing individually prescribed exercise programs and a motivationally based exercise behavior-change protocol to be integrated in the overall treatment program of these individuals. I am an Assistant Professor of Research within the BUSM Department of Psychiatry as well as to a full time staff clinical research psychologist within the research division at VABHS. I have been promoted to Assistant Director of the Psychology Pain Management and Research Clinic where I work collaboratively with chronic pain mentor, Dr. Otis.

Jill Panuzio Scott, Ph.D. Dr. Scott is a staff psychologist in the Center for Returning Veterans. In this role, she delivers empirically based psychological assessment and treatment, provides supervision to psychology trainees, and maintains involvement in ongoing research. Dr. Scott received her doctorate degree in Clinical Psychology from the University of Nebraska-Lincoln in 2011. She completed a clinical internship at the Boston Consortium in Clinical Psychology and a postdoctoral fellowship at the National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System. Dr. Scott previously served as a Substance Use Disorder-PTSD Specialist within the VA Maryland Healthcare System. Her research and clinical interests include enhancing motivation for and engagement in mental health treatment, empirically supported assessment and treatment for veterans with dual diagnoses, and psychopathology-based risk factors for aggressive behavior.

Jillian C. Shipherd, Ph.D. Dr. Shipherd is a clinical psychologist at the Women's Health Sciences Division of the National Center for PTSD, an Associate Professor at Boston University's Department of Psychiatry at the School of Medicine, and LGBT Program Coordinator for VA Central Office in Washington DC. Dr. Shipherd's research interests are in the areas of cognitive facets of trauma recovery, including attention and thought suppression. Her current DoD grant is testing a mindfulness-based training as a secondary prevention program for PTSD in active duty Soldiers recently returned from deployment. In addition, Dr. Shipherd is very interested in the inter-relationship between mental and physical health in trauma recovery. Her longitudinal dataset of Marines allows for exploration of these constructs. Dr. Shipherd is also a nationally known expert on transgender health and works with Central Office on policy, practice and education programs for sexual and gender minority veterans. She provides clinical, assessment, and research supervision for trainees at all levels. In addition, Dr. Shipherd provides mentorship on career development.

Amy K. Silberbogen, Ph.D. Dr. Silberbogen is a Clinical Psychologist and is the Assistant Director of the Behavioral Medicine Program at the VA Boston Healthcare System. She is an Assistant Professor in

Psychiatry at Boston University School of Medicine and a Lecturer at Harvard Medical School. In addition, Dr. Silberbogen is the Director of the VA Boston Psychology Postdoctoral Fellowship Training Program, an APA accredited training program. Dr. Silberbogen received her Ph.D. from the University of Missouri – St. Louis in 2003 and completed her internship and postdoctoral fellowship at VA Boston. She has clinical and research interests in the assessment and treatment of a variety of chronic medical conditions, including hepatitis C, diabetes, HIV, and sexual dysfunction. Dr. Silberbogen has received several funded grants as principal investigator, including a VA Career Development Award, to assess the benefits of telehealth applications to address chronic medical illness and comorbid psychological distress. Dr. Silberbogen supervises graduate students, clinical psychology interns, and postdoctoral fellows in Behavioral Medicine.

Chris Skidmore, Ph.D. Dr. Skidmore is a clinical psychologist who works with the PTSD Clinic, Women's Stress Disorder Treatment Team, and the Substance Abuse Programs at the Jamaica Plain Campus. He received his Ph.D. from Northwestern University in 2007 and trained as an intern in the Boston Consortium and a postdoctoral fellow in PTSD at VA Boston. He serves as the VA Boston Substance Abuse and PTSD Specialist and recently began working as the Clinical Education and Resource Coordinator for the national Military Sexual Trauma Support Team. He greatly enjoys the trainee-centered environment in the training programs, and he is the supervisor for the Seeking Safety program. He regularly gives didactics presentations on PTSD and substance abuse treatment, Prolonged Exposure, DBT, diversity issues, military sexual trauma, and program development. He has clinical interests in empirically supported treatments for SUD-PTSD and has been trained in Prolonged Exposure, Cognitive Processing Therapy, Motivational Enhancement Therapy, and telemental health approaches to treatment. He also has strong interests in diversity issues, supervision and mentoring, and professional development. His research interests include SUD-PTSD treatment outcomes and the relations among stigmatization, diversity issues, and mental health.

Denise Sloan, Ph.D. Dr. Denise Sloan is Associate Director, Behavioral Science Division, National Center for PTSD faculty and Professor of Psychiatry at Boston University School of Medicine. She is an expert psychosocial treatments for traumatic stress disorders and emotion regulation in psychopathology. Dr. Sloan's work has been funded by a variety of sources including NIMH, VA, and Department of Defense. She currently holds funding from Department of Veterans Affairs and NIMH to conduct randomized controlled trials investigating treatments for PTSD. Dr. Sloan is Associate Editor of *Behavior Therapy* and serves on the editorial board of six journals. She has been supervising trainees (graduate students, interns, and postdoctoral fellows) in the assessment and treatment of traumatic stress disorders, and has served as a research mentor for more than 10 years.

Brian N. Smith, Ph.D. Dr. Smith is a Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. His program of research generally involves examining the social context of health-related behaviors, mechanisms, and outcomes. Dr. Smith is particularly interested in psychosocial factors that

are associated with both psychological and physical reactions to stress, as well as the study of gender differences and health disparities in health-risk mechanisms. The identification of modifiable risk and resilience factors (*e.g.*, social support, health behaviors) within posttraumatic stress exposure health trajectories is a key research focus, which includes research examining factors predictive of the post-deployment health and functioning of male and female veterans.

Shannon Wiltsey Stirman, Ph.D. Dr. Stirman is a Clinical Psychologist in the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor in the Division of Psychiatry at Boston University. She received her Ph.D. in Psychology from the University of Pennsylvania and completed a predoctoral internship at the VA Palo Alto Healthcare System as well as a fellowship at the NIMH and VA-funded Implementation Research Institute. Dr. Stirman's research focuses on the implementation and long-term sustainability of evidence-based practices in public sector mental health settings, training and consultation, and factors relating to treatment fidelity and modifications of evidence-based treatments for PTSD, Suicidal Behavior, Depression, and other mental health disorders. Research support for her work has been provided by the National Institute of Mental Health and the National Center for PTSD. Dr. Stirman is available to work as a clinical supervisor, research mentor and a research collaborator.

Amy Street, Ph.D. Dr. Street is the Deputy Director of the Women's Health Sciences Division of the National Center for PTSD and an Associate Professor of Psychiatry at Boston University School of Medicine. Dr. Street has an active program of research investigating negative health outcomes associated with interpersonal trauma, including sexual harassment, sexual assault and intimate partner violence, in veteran and civilian populations. A secondary research interest involves examining gender differences in traumatic stress exposure and stress-related disorders. Her research has received funding from the Department of Veterans Affairs and the National Institutes of Health. Dr. Street is also actively involved in the clinical treatment of female veterans suffering from PTSD and other stress-stress-related disorders through VA Boston's Women's Stress Disorder Treatment Team.

Nikki Stricker, Ph.D., ABPP/cn Dr. Nikki Stricker is a staff neuropsychologist within the VA Boston Healthcare System and the Neuropsychology Training Coordinator. She holds an academic appointment as Assistant Professor in Psychiatry at Boston University School of Medicine. Dr. Stricker completed her Ph.D. in 2008 from the San Diego State University / University of California San Diego Joint Doctoral Program in Clinical Psychology with a specialization in clinical neuropsychology. She completed a clinical neuropsychology internship at the Southwest Consortium Predoctoral Psychology Internship, followed by a postdoctoral neuropsychology fellowship at the New Mexico VA Healthcare System. Her research interests are primarily in the neuroimaging (DTI) and neuropsychology of aging, mild cognitive impairment and dementia, with additional interests in diagnostic accuracy of neuropsychological measures and rates of clinical impairment in PTSD.

Casey Taft, Ph.D. Dr. Taft is a staff psychologist at the National Center for PTSD in the VA Boston Healthcare System, and Associate Professor of Psychiatry at Boston University School of Medicine. He

was the 2006 Chaim Danieli Young Professional Award winner from the International Society for Traumatic Stress Studies, and the 2009 Linda Saltzman Memorial Intimate Partner Violence Researcher Award winner from the Institute on Violence, Abuse, and Trauma. Dr. Taft currently serves as PI on funded grants focusing on understanding and preventing partner violence through NIMH, the Department of Veterans Affairs, the Centers for Disease Control, and the Department of Defense.

David R. Topor, Ph.D. Dr. Topor is a Staff Psychologist at the Brockton campus of the VA Boston Healthcare System. He received his BA in psychology from The George Washington University in Washington, D.C. and his MA and Ph.D. in clinical psychology from The University of North Carolina at Greensboro. He completed his pre-doctoral internship at South Florida State Hospital and was a postdoctoral fellow at Bradley Hospital/Brown Medical School. He currently provides outpatient individual, group, and family therapy for veterans with serious mental illness. He serves as an instructor for several courses in the Harvard Medical School South Shore Psychiatry Residency Program. His current research interests include understanding the variables that impact learning and the self-efficacy of psychology and psychiatry trainees in providing therapy as well as developing measurement tools to assess the impact of role recovery programming for veterans with serious mental illness.

Glenn R. Trezza, Ph.D. Dr. Trezza is the rotation supervisor in the pre-doctoral internship program and the track coordinator of the postdoctoral fellowship in the Substance Abuse Treatment Program at the VA Boston Healthcare System's Jamaica Plain Division, where he also coordinates consultations and residential treatment admissions. For many years, he was an adjunct supervisor in the Behavioral Medicine training program, and worked for more than a decade as mental health coordinator of VA Boston's Infectious Disease/HIV Program. Dr. Trezza has academic appointments as Assistant Professor of Psychiatry at Boston University School of Medicine, and as Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine. He has presented frequently on: behavioral, psychiatric, prevention, and psychology training issues in the field of HIV disease; on diversity and inclusion issues in psychotherapy and in professional development; on substance abuse treatment and consultation/liaison strategies; and on the integration of career roles as both academic hospital psychologist and private practitioner. He has also published articles and book chapters on substance use triage and risk management, on internship training in HIV care, and on psycho-pharmacology. Dr. Trezza has also conducted training workshops for professionals about HIV, and has been supervising psychology trainees working in the areas of HIV, substance abuse, PTSD, and sexual abuse recovery for the past 25 years. He is the founding chair of the Psychology Service's Committee on Diversity and Inclusion, has taught and supervised around LGBT issues in psychotherapy for many years, and is former Curriculum Director of both the internship and postdoctoral psychology training programs. Since 1994, Dr. Trezza has also served on the internship's pre-doctoral internship and postdoctoral fellowship Selection Committees. He is a past recipient of the Nga B. Pham Memorial Award, the Boston Consortium's highest award for excellence in psychology training.

Jennifer J. Vasterling, Ph.D. Dr. Vasterling obtained her Ph.D. in psychology from Vanderbilt University in 1988, subsequently completing pre- and post-doctoral training in clinical neuropsychology at the Boston VA. Dr. Vasterling currently serves as the Chief of Psychology at the VA Boston Healthcare System, as a clinical investigator within the Behavioral Science Division of the VA National Center for PTSD, and as a Professor of Psychiatry at Boston University School of Medicine. Dr. Vasterling's research has centered on furthering understanding of the cognitive and emotional changes that accompany war-zone deployment and posttraumatic stress responses. She has edited several books, including the sole volume on neuropsychology and PTSD, and currently serves on the Editorial Board of the JINS. Her recent work includes a longitudinal VA Cooperative Study examining neuropsychological and emotional outcomes of military deployment to Iraq. She is the author of over 80 chapters and journal articles and is internationally recognized for her work. In 2009, she received the American Psychological Association Division 56 Award for Outstanding Contributions to the Science of Trauma.

Melanie J. Vielhauer, Ph.D. Dr. Vielhauer is the General Mental Health (GMH) Section Chief for VA Boston Healthcare System, overseeing programs in GMH/Mood and Anxiety Disorders, Geriatric Mental Health, and Integrated Primary Care-Behavioral Health. She previously served as Director of the General Mental Health Clinic and Co-Director of the Mood and Anxiety Disorders Clinic at the Jamaica Plain campus, as a staff clinician/psychologist at the VA Boston Outpatient Clinic and the National Center for PTSD-Behavioral Science Division, and in clinical research at Boston Medical Center. Dr. Vielhauer has been involved in the supervision and training of interns, fellows, and practicum students at VA Boston Healthcare System for over 15 years. She has collaborated on numerous research projects, primarily in the area of co-occurring PTSD and substance abuse, and co-authored several treatment manuals designed to enhance adherence to mental health and medical treatments.

Dawne Vogt, Ph.D. Dr. Vogt is a Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD and Associate Professor of Psychiatry at Boston University School of Medicine. She is involved in the research training of both predoctoral and postdoctoral trainees and has primary research interests in deployment risk and resilience factors as they relate to post-deployment mental health, stressors unique to women in the military, and stigma, gender, and other barriers to VA health-care use.

Jennifer Schuster Wachen, Ph.D. Dr. Jennifer Wachen received her doctorate in Clinical Psychology from the University of Connecticut. She completed her predoctoral internship at the Greater Hartford Clinical Psychology Consortium and her postdoctoral fellowship in the Medical Psychology service through the VA Boston Psychology Postdoctoral Fellowship Program. Currently, she is a researcher and clinician in the Women's Health Sciences Division of the National Center for PTSD at VA Boston. Dr. Wachen has worked with a variety of trauma survivors, including combat veterans, adult survivors of childhood physical and sexual abuse, and victims of domestic violence. Her research interests include

risk and resilience factors for PTSD and posttraumatic growth, the relationship between trauma and physical health outcomes, and evaluation of treatment interventions.

Heather M. Walton, Ph.D. Dr. Walton attended College of the Holy Cross and earned her Ph.D. in Counseling Psychology from the University of Maryland, College Park. She completed her internship at the Boston Consortium (Worcester Outpatient Clinic and JP SAR RTP) and her postdoctoral fellowship in Psychosocial Rehabilitation at the Edith Nourse Rogers VA (Bedford, MA). She currently works in the Brockton Division as a Staff Psychologist in Inpatient Mental Health. Her primary clinical duties involve service provision within long-stay inpatient units as well as the detoxification unit. As an Instructor for Harvard Medical School, she also provides a Supportive Therapy didactic and supervision series to psychiatry residents in the Harvard South Shore Psychiatry Residency Program. Dr. Walton maintains interest and research activities in topics related to minority populations. She currently serves as a HOPE trainer (APA's HIV Office for Psychology Education) and is the chairperson of the VA Boston Diversity Committee.

Melissa Wattenberg, Ph.D. Dr. Wattenberg is Program Manager and Supervisory Psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC) for veterans with Serious Mental Illness (SMI)), at Boston Outpatient Clinic (BOPC). She and her colleagues established this program within VA Boston Healthcare System through a national VA Grant in 2006. Dr. Wattenberg runs a Cognitive Remediation Lab within this program. In progress within PRRC is a family therapy program for Serious Mental Illness that she and her colleagues are developing, based on Behavioral Family Therapy, Family Consultation, and Multifamily Group. Dr. Wattenberg runs a childhood trauma group at VA Boston Outpatient Clinic, and trains psychiatry residents in this modality. As part of her training responsibilities, she serves as preceptor for a Mental Health rotation for Physician Assistant interns. Along with her primary administrative, clinical, and training duties, Dr. Wattenberg is involved with and consults to research projects locally and nationally, and has published in the area of group therapy for PTSD. Orientation: trauma-informed; incorporates schema theory, family systems, and humanistic approaches (*e.g.*, Gendlin's focusing), as well as cognitive behavioral and cognitive-emotional (*e.g.*, Social Cognition Interaction Training) approaches.

Kenneth Weiss, Psy.D. Dr. Weiss is a staff psychologist for the PTSD treatment program VA Boston Healthcare System, Brockton campus. Dr. Weiss earned his doctoral degree in clinical psychology from the University of Denver. He holds an academic appointment as a Clinical Instructor in Psychology for Harvard Medical School. Dr. Weiss has been involved in training and supervision for 25 years, as well as having co-lead a seminar on psychotherapy/case conceptualization for the Internship Training program. He currently provides psychotherapy supervision for psychology interns and psychiatry residents. Dr. Weiss has clinical interests in the integration of individual and family perspectives in psychotherapy, in hypnosis, and in mind-body problems.

Risa B. Weisberg, Ph.D. Dr. Weisberg is a clinical psychologist, the Assistant Chief of Psychology at VA Boston and the Director of the predoctoral internship program. She is also Associate Professor

(Research) of Psychiatry and Human Behavior and of Family Medicine at the Alpert Medical School of Brown University. Dr. Weisberg's research and clinical interests focus broadly on primary care - behavioral health integration. She is currently conducting research projects on the treatment of anxiety, chronic pain, and opiate misuse in primary care settings.

Julie Weismoore, Ph.D. Dr. Weismoore is a staff psychologist who works as the PTSD-SUD specialist at the Brockton campus. She received her doctorate in Clinical Psychology from George Mason University. Dr. Weismoore completed pre-doctoral internship training at VA Connecticut Healthcare System and post-doctoral training at the Stratton VAMC. Her primary interests include the prevention and treatment of self-harming behaviors (e.g. suicide, non-suicidal self-injury, substance use, and risky sexual behaviors) among those who have experienced trauma. She also has interest in the use of mindfulness and Acceptance and Commitment Therapy.

Erika Wolf, Ph.D. Dr. Wolf is a staff psychologist at the Behavioral Science Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. She completed her graduate training at Boston University and her internship at the Boston Consortium in Clinical Psychology. Her research interests include twin and molecular genetic methodologies to study posttraumatic psychopathology, the structure of psychopathology, personality and personality disorders, and psychometric instrument development. Much of Dr. Wolf's work involves the use of latent variable analytic approaches. Her current funding includes a VA Career Development Award to study the genetics of posttraumatic psychopathology and an award from the University of Minnesota Press to study the use of the MMPI-2-RF scales for the assessment of DSM-5 PTSD. In addition, Dr. Wolf is currently working to develop a new measure of the dissociative subtype of PTSD. She is currently a Consulting Editor at the *Journal of Abnormal Psychology and Psychological Trauma: Theory, Research, Practice, and Policy*. Dr. Wolf provides clinical supervision for interns and post-doctoral fellows and mentors research trainees in multivariate data analytic approaches.